



# Class and Workshop Registration

*Please print clearly and fill out all information. Thank you!*

**Class or Workshop Name** \_\_\_\_\_

**Day of Week** \_\_\_\_\_ **Date(s)** \_\_\_\_\_ **Time** \_\_\_\_\_

**Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**How do you most hope to benefit from this yoga class/event?**

\_\_\_\_\_

**Do you have any health conditions the instructor should know in advance of the class?**

\_\_\_\_\_

To reserve your space for any registration class or workshop, print this form and send it along with a check payable to Yoga Among Friends. Registration and pre-payment are required to ensure your spot. Drop-ins on day of the event should call the studio first at 630-960-5488.

Yoga Among Friends  
4949 Forest Avenue  
Downers Grove, IL 60515  
630.960.5488  
[www.yogaamongfriends.com](http://www.yogaamongfriends.com)



**Confidential New Student Information and Release Form**

Student Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Have you practiced yoga in the past? \_\_\_\_\_ If yes, where and what style? \_\_\_\_\_

How do you hope to benefit from yoga? \_\_\_\_\_

Do you have any of the following conditions: \_\_\_\_\_ pregnant \_\_\_\_\_ glaucoma \_\_\_\_\_ high blood pressure

Do you have any injuries that the instructor should know about? \_\_\_\_\_

Do you have any physical areas of strain (such as neck, back, knee)? \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

**Voluntary Participation**

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the yoga class sponsored by the Yoga Among Friends, Inc.

**Acknowledgement**

I am aware that participation in the yoga class requires a minimum level of physical health, strength, fitness and flexibility. I represent that I possess the level required to participate in this class. I am voluntarily participating in the yoga class with the knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

**Release**

In consideration for participation in the yoga class, I agree that I, my heirs, guardians and legal representatives will not make any claims against, sue or attach the property of the hosts, instructors or participants in the yoga class. I release all such hosts, instructors or participants from all actions, causes of actions, lawsuits, claims or demands that I now have or hereafter may have for any and all personal injury, illness, loss of or damage to property associated with my participation in the yoga class.

I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to yoga classes at the Yoga Among Friends, Inc. and all such hosts or instructors.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_