

Yoga Participation Form

Participant's Name: _____

Phone: _____

Address: _____

City/State/Zip: _____

Age: _____ Gender: _____ Occupation: _____

E-mail: _____

Hatha Yoga Experience (circle one): None | Beginner | Intermediate | Advanced

Estimated Fitness Level (circle one): Sedentary | Beginner | Intermediate | Advanced

Medical Conditions, Medications, Injuries, Pregnancy: _____

INJURY WAIVER: I am aware that Tamara Ronkin is here to serve me by sharing knowledge of Hatha Yoga and Fitness. By participating in yoga, I agree to take responsibility for not exceeding my limits and for any injury I might suffer in the practice of yoga. It is my responsibility to ascertain that there is no medical reason to prevent my participation. I hereby waive any claim against Tamara Ronkin for any injury that may occur during yoga. I fully understand and agree to the above.

Participant's (or guardian's) signature: _____

Print name: _____

Date: _____