



SAMA STUDIO

STUDENT

Registration Form

Name: _____ Age: _____ DOB: _____

Phone: _____ Email: _____

Address: _____

Do you agree to receive information, (e.g. our occasional newsletter) and other fun stuff from SAMA Studio via email? Yes No Emergency Contact Person and Phone: _____

How did you find out about our studio? _____

WE CARE ABOUT YOU. For us to provide you with the safest and most effective approach to your yoga practice; please answer the following...

What are your Yoga goals? _____

What is your Yoga experience, if any? _____

How would you describe your present physical condition? Unwell Unfit Healthy Fit

Do you experience any dizziness during exercise? No Yes

Do you have hypertension or hypotension? No Yes

Do you have osteoporosis? No Yes

Do you have back, knee, shoulder, head, neck or wrist issues/injuries? No Yes

If yes please explain: _____

Have you ever had: a heart condition, Rheumatic Fever, Stroke, High Cholesterol, Palpitations, Murmurs or pains in the chest?

No Yes If yes please explain: _____

Are you pregnant? No Yes (How many weeks are you along? _____)

Are you currently taking any medications? No Yes

If yes please explain: _____

Have you had any surgeries in the past 5 years? No Yes

If yes please explain: _____

Have you broken any bones? No Yes

If yes please explain: _____

Have you had a recent muscle or ligament injury? No Yes

If yes please explain: _____

Do you see a physical therapist, osteopath or chiropractor? No Yes

If yes please explain: _____

Is there anything else you feel that may impact your ability to freely move or anything else you would like to let us know? Do you have a diagnosed medical condition?

Student Acknowledgement of Risks and Waiver of Rights

1. The student acknowledges and agrees that the yoga and healing activities organised and conducted by SAMA Studio are at times strenuous physical activities and as such, have inherent and obvious risks and dangers including risk of injury and harm to the student.
2. The student further acknowledges and agrees that the student undertakes the yoga and healing activities freely, voluntarily and absolutely at the student's own risk and accepts all legal responsibility for any injury or harm arising therefrom.
3. The student accepts that the purpose of this Student Acknowledgement of Risks and Waiver of Rights is that SAMA Studio cannot and will not be held liable under any law or statute by the student for any injury or harm to the student caused by the yoga and healing activities organised and conducted by SAMA Studio.
4. This student's acknowledgement of risks and waiver of rights applies to each and every attendance by the student at SAMA Studio.

Signed _____ Print Name _____ Dated _____