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## Workshop Registration Form

Name of Workshop: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address (City, State, Zip): \_\_\_\_\_

Email: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Experience with Exercise, Yoga, Meditation:

Medications, Herbal supplements, vitamins you are taking you would like me to know about:

Specific Areas of Concern (neck, shoulders, hip, ...)? Internal Health Concerns? Recent Injuries? :

Special Diet/ Allergies?:

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I am physically sound to proceed with instruction in Yoga. I Agree (please circle) Yes No

To the best of my knowledge, I, \_\_\_\_\_, am able to carry on any and all activities in Jennifer's class or workshop. I agree to release Jennifer Jennette from liability and agree to hold Jennifer Jennette harmless from any accidents that may occur.

I declare myself to be responsible for my own health and safety while participating in class. I understand the importance of keeping Jennifer informed of any health concerns so she can suggest any modifications or substitutions as needed. I Agree (please circle) Yes No