

# Studio Enso Body-Mind Class Registration Form

Please complete this form and give it to the instructor~~ thank you!

## Your Profile

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Address \_\_\_\_\_

(Required for ID purposes -We don't send mail) Street City State Zip

Email \_\_\_\_\_ Phone: \_\_\_\_\_ Your BIRTHDATE: \_\_\_\_\_

(we love to send birthday greetings)

Note: Email is To receive studio announcements, notices of class cancellations and updates once a month – email addresses are strictly confidential, never shared.

Please describe your past yoga experience and present practice, if any:

How did you hear about Studio Enso? \_\_\_\_\_

What is your Birthday (month and date)? \_\_\_\_\_

Is there anything about you that you would like us to know? \_\_\_\_\_

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## Health Information

Age \_\_\_\_\_ Who to contact in case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

Please describe any and ALL health-related conditions that you have (or have had in the past) that conceivably could affect your yoga practice - including, but not limited to: bone, muscle, ligament, tendon problems or injury; heart, lung, high blood pressure, back or neck pain, back or neck injury, epileptic, diabetic or thyroid conditions, pregnancy. (It is important that you inform each yoga instructor of health conditions to help us work with your individual needs):

Effects of these medications (e.g. change of heart rate, lack of coordination, etc.) that may impact your yoga practice. \_\_\_\_\_

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in this yoga, pilates,cardiosculpt, budochi, kettlebell/kinetics or other Enso class during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this yoga or other class. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the class.
3. In consideration of being permitted to participate in the yoga class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the studio classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the instructor or the owner or leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Tucson instructors of Studio Enso.
5. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue Studio Enso, Life Rhythms Inc, Tucson Yoga, Nina Roberts Salveson, any of Studio Enso/Life Rhythms Inc.'s instructors, or the leaseholder or owner of the building for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date \_\_\_\_\_ Signature of Participant \_\_\_\_\_ If participant is under 18: As legal guardian of this participant, I consent to the above terms and conditions. Signature of parent/guardian: \_\_\_\_\_

**ARE YOU INTERESTED IN ANY OF OUR OTHER SERVICES; Please indicate any that you might like to receive information about in our future newsletters or special events, via email from us: \_\_\_ Womens' Health \_\_\_ Holistic Health /Nutrition \_\_\_ Rehabilitative/Restorative Yoga and Yoga massage \_\_\_ Personal Life, Relationship, Transition or Health Coaching**