

The Matworks Yoga Studio

Student Information and Waiver

Name:

Phone:

Email:

Address:

Please use the back for any lengthy answers.

- Have you ever practiced Yoga before? If so, is it a specific type?
- Would you say you practice at beginning, intermediate or advanced level?
- How long have you practiced Yoga?
- Are you currently practicing asana, pranayama and meditation?
- Do you have any joint or spinal problems? Please describe.
- Have you had any illnesses that might affect your stamina, strength, or range of motion? Please describe.
- Do you have any injuries or illnesses that we should know about?
- Do you have high blood pressure or a heart condition? Do you have your Doctor's approval?
- Do you have dizziness or headaches?
- Do you have any vision problems?
- Do you experience any menstrual discomfort or PMS?
- Are you pregnant? If so, when is your due date?
- Is this your first pregnancy? If not how many have you had?
- What other forms of exercise do you currently practice?
- What forms of stress relief do you currently practice?
- How are your nutritional habits?
- What would you like to receive from your Yoga practice? Goals?
- How did you hear about this Yoga studio?

Student Promise: As a student at The Matworks Yoga Studio I will give my highest attention to the maintenance of a non-competitive, non-aggressive practice reflecting compassion and love for self and others. And to work with patience and an open mind in this self-discovery process. If I move with care, intelligence, courage, applied safety, and self-ownership, injury is unlikely. Should injury occur, The Matworks Yoga Studio and all teachers, employees and affiliates are absolved of all responsibility. I am fully responsible for the outcome of my yoga practice and hereby commit to educating myself to the best of my ability.

Student Signature:

Date: