

YOGA CLASS and RETREAT - Registration form / liability waiver

Please print clearly, filling out this form completely before you participate:

Name _____ Date _____

College Box # _____ Best Phone#: _____

Cornell Email Address _____ Date of Birth _____

Have you ever participated in yoga? Circle Yes or No. If Yes, when & how often?

Do you have physical injuries, medical restrictions or conditions? Circle Yes or No.

If Yes, Please explain: _____

What is it that you seek from practicing yoga? _____

Would you like to be included in emails re: Meditation? Yes/No___Yoga? Yes/No___

Disclaimer (Yoga injuries are rare, but we are required to ask you to sign the following release):

I recognize that any form of physical activity is potentially hazardous with risk of possible injury or death. I hereby affirm that I am voluntarily participating in these activities and agree to expressly assume and accept any and all risks of injury and/or death. Likewise, I, my heirs, or legal representative of such forever release, waive, discharge, and covenant not to hold Catherine Quehl-Engel, Rachel Henry, other designated certified yoga teacher, Cornell College, or college sponsoring departments responsible for any liability. _____ **(initial)**

I understand it is my responsibility to consult with a physician prior to and regarding my participation in this yoga class, retreat, or workshop. I also affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in yoga activities. I have disclosed any and all ailments and/or medical history relevant to participation. _____ **(initial)**

These classes and related retreats/workshops involve breath focused ease and steadiness as well as self-acceptance—not over-striving and pain. I understand that it is ultimately my responsibility to modify a posture, or to assume a resting posture/asana like Child's Pose if ever there is one I associate with pain or being beyond my ability. _____ **(initial)**

Signature _____ **Date** _____