

HOLISTIC YOGA AND MEDITATION STUDENT REGISTRATION FORM

Class/Event/Retreat/Private Sessions Starting Date _____
Name _____ Address _____
City _____ State _____ Zip _____ E-mail _____
Phone(s) _____
Emergency Contact Full Name, Phone Number, Relationship to you.

Health and Other Information

Date of Birth _____
Please, describe your health, any injuries/hospitalizations in the past 18 months.

If taking medication, please list all, and what you are taking it for.

Have you been treated for substance abuse and dates? _____
Any history of drug use? _____ What kind & last used? _____
How often are you in pain? Describe it. _____

Anything else we should know in order to serve you better? _____

What would be your goals for this class/retreat/event/private session(s)?

I, _____, am sending separately a proof of being fully vaccinated /
boosted against COVID-19.

I _____ will not have taken care of anyone sick
with COVID-19, nor in contact with anyone exhibiting COVID-19 symptoms, nor have
symptoms myself within 5 days prior and at class/retreat/event/private session starting time.
I agree to follow social distancing and mask wearing rules.

I, _____, was last diagnosed with COVID-19 on _____
and have fully recovered.

Student Waiver Agreement

I, _____ understand that yoga is not a substitute for medical
attention, examination, diagnosis or treatment. Yoga may not be safe, nor recommended
under certain medical conditions. I affirm that I alone am responsible to decide whether to
practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or
hereafter may have against Ema Stefanova, or Ann Arbor Yoga and Meditation.

I, _____, understand that all money paid toward
class/retreat/event/private sessions is neither refundable, nor transferrable to other persons
in case I choose not to attend, or decide to leave before the end of class/event.

Signature _____ Date _____