



ShantiOmYoga.com

Shanti Om Yoga – NEW STUDENT INFORMATION

INSTRUCTORS: Anne Haglund, Jill Burton & Lalinia D'Agostino

Name:	DOB:
Address:	
Phone:	Email:
Emergency Contact / Phone:	Occupation:

Yoga Experience? Yes / No (if yes, list yoga style and no. of years):

Please list any physical or medical or physical conditions you may have that may limit movement:

(e.g.: glaucoma, high blood pressure or pregnancy etc.)

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility is liable for injury, or damages to person or property resulting from taking a class.

Signature AND Print Name

If under age 18, parent or guardian signature is required.

Date