CLIENT REGISTRATION AND WAIVER FORM

www.moyo-yoga.com | 610.584.1108 | 4335 SKIPPACK PIKE | SCHWENKSVILLE, PA 19473

MOYO®
A SOULFUL DESTINATION

CLIENT INFORMATION

_____ _____ _____
First Name Middle Initial Last

_____ _____ _____
Address City/State Zip

_____/_____/_____ ( ) Female ( ) Male _____ ☐
Date of Birth Email Check to opt in for newsletter/emails

_____ ☐ ☐ ☐
Primary Phone - work, home, or mobile (please circle) Yoga classes Education WS MOYO special events

_____ _____ _____
Emergency Contact Phone Number Email

>> How did you find out about MOYO? ( ) family ( ) friend ( ) internet ( ) other
Please specify name of referral/source _____

TELL US ABOUT YOUR YOGA EXPERIENCE:

1. Have you taken yoga classes before? Yes No If so, how long _____

2. Please let us know if you have an interest in particular. Check those that you might specifically wish to explore.

( ) Beginner yoga classes ( ) Restorative ( ) Yoga Kids
( ) Aerial ( ) Kundalini Other?
_____

3. Do you have any particular goals in mind for this or future yoga sessions? Yes No

If yes, please describe _____

Medical Information:

1. Are you currently under medical supervision? Yes No
If yes, please describe
_____

2. Are you currently taking any medications? Yes No
If yes, please list
_____

3. Are you currently recovering from any injury/accident/wounds? Yes No
If yes, please describe
_____

4. Are you currently pregnant? Yes No If so, at what stage in your pregnancy? _____

Please check if you have any of the following conditions / symptoms

( ) allergies &/or asthma ( ) anxiety ( ) arthritis/rheumatoid arthritis ( ) back/neck problems
( ) cancer ( ) diabetes ( ) head trauma ( ) headaches/migraines
( ) heart disease/conditions ( ) blood pressure (high or low) ( ) osteoporosis ( ) tendonitis
( ) varicose veins

Please explain any condition that you have marked above or additional conditions/concerns the instructor should be aware of:_____

WAIVER: I understand that I am participating in yoga classes during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause injury and I am fully aware of the risks and hazards involved. I understand it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the yoga classes. I knowingly, voluntarily and expressly waive any claim I may have against MOYO for injury or damages that I may sustain as a result of participating in the program. I, my heirs of legal representatives forever release, waive, discharge and covenant not to sue MOYO for any injury or death caused by their negligence or other acts. I also give permission to have my picture taken, reproduced and used for promotion and advertising, MOYO is not responsible for my personal belongings.

_____ _____ _____/_____/_____
Client Name (please print) Client Signature Date