



PATANJALI YOG SAMITI An International Yog teaching body of PATANJALI YOGPEETH TRUST, Haridwar, India, in association with Patanjali Yogpeeth Trust USA, Inc. **-REGISTRATION FORM-YOGA STUDENT**

(Please Print)

STUDENT INFORMATION

Last name:	First:	Middle:	Date of Birth: MM/DD/YYYY / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:					
City:		Province/State:		ZIP/Postal Code:	
Occupation:					
Home Phone:			Work Phone:		
Mobile Phone:			e-mail:		
Weight:		Height:		Have you ever Taught Yoga before: Yes - No	
Have you practice or taught Yoga / meditation before, if Yes please explain _____ how long _____ years					
Any comments: _____					
How did you find out about Divya Yoga?					

YOU & HEALTH

Please if you suffer from any of the following

Heart Disorder	Back Conditions	High Blood Pressure	Low Blood Pressure
Arthritis	Rheumatism	Diabetes	Epilepsy/Seizures
Allergies	Eye Conditions	Breathing Disorders	Asthma
Migraine	Depression	Are You pregnant	Post-natal & When
Hernia	Thyroid	Parkinson's	Cancers
Do you Smoke	Heart/Circulatory Problems	Neck/Back/Spine Injury	Dizzy Spells/Fainting
Muscular Injury	Cancer	HIV+ / AIDS	Bleeding Disorders
Kidney/Liver problems	Joint Injury (ankle, Knee, Hip, elbow, Shoulder)		Any Surgery: _____

Give details of all the conditions checked above:

Please list any medications you are taking, dosages and how long on medication: _____

if you have any allergies that should be made known to medical personnel in case of an emergency, please indicate them here: _____

Have you had any history of mental illness? If Yes please describe: _____

If you are currently under the care of a physician, psychiatrist, or have been hospitalized in past five year, please describe: _____

Please advise if you have any other injury, illness or conditions not mentioned above:

Women Only: Are you pregnant? Yes/No if Yes please consult or discuss with your physician and teacher before starting yoga

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to Student:	Home phone no.: ()	Work phone no.: ()
--	--------------------------	------------------------	------------------------

All the above information is true to the best of my knowledge. It is my responsibility to inform of any changes in the Medical status. I have read, understood in its entirety and voluntarily agree to the terms and conditions of the release and waiver of liability and rules for participating in yoga-Pranayam classes as described on the back of this registration form.

Student/legal Guardian signature: _____ Date: _____

Note: Please read the reverse page before signing. If participant under 18, parents/legal guardian must give consent and sign.

DISCLAIMER FOR ATTENDING YOGA-PRANAYAM CLASSES/SEMINARS

The Yoga-Pranayam classes/Seminars are run by a voluntary organization called, **PATANJALI YOG SAMITI (A Yog teaching body of PATANJALI YOGPEETH TRUST, Haridwar, India in association with Patanjali Yogpeeth Trust USA, Inc.** who are hereby referred to as the Organizers & Instructors ("O&I").

The Organizers & Instructors ("O&I") which expression shall include all related entities (employees, agents, affiliates, volunteers associated with them) expressly state that, in general Yoga-Pranayam is safe and beneficial but like any other health and physical exercise program it needs to be practiced judiciously, correctly and cautiously. No citing by O&I at the Yoga-Pranayam Classes to any health-related/medical/other information is intended to be a substitute for professional judgment of a qualified health-care provider. The O&I are not subject or liable to change the structure of the Yoga-Pranayam Classes to suit individual needs. Not all presentations at the Yoga-Pranayam Classes may be suitable for everyone. If pain is experienced anytime during the practice of Yoga-Pranayam, it should be stopped immediately and a qualified health care professional should be consulted. The O&I assume no responsibility and will not be liable for any harm, injury, damage known or unknown or otherwise, that may result from any tort, negligence or from a breach of an express or implied warranty however caused or occurring during or after participation in the Yoga-Pranayam Classes or while practicing anything presented therein. By participating in the Yoga-Pranayam Classes the participant or the guardian who is responsible by law for the participant, hereby expressly and Willingly assumes all risks, full responsibility and liability for participating and practicing anything presented therein and forever waives and releases and agrees to defend, indemnify and hold the O&I harmless from and against any and all injuries (including death), damages and any other claims or demands, liabilities and settlements (including without limitation, legal and accounting fees) on or against the O&I for losses or damages, including, without limitation, direct, indirect, incidental, consequential or special damages, personal injury/wrongful death, resulting from or alleged to result from participating in or practicing anything that is presented in the Yoga-Pranayam Classes. I, my heirs or legal representatives' forever release waive, discharge and covenant not to sue the O&I for any injury or death caused by their negligence or other acts. The O&I, at their sole own discretion reserve the right to deny participation at any time of the Yoga-Pranayam Classes to any entity without assigning any reason whatsoever.

RULES FOR PARTICIPATING IN YOGA-PRANAYAM CLASSES/SEMINARS

1. **I understand that it is my responsibility to consult and obtaining consent from a physician prior to and regarding my participation in the Yoga-Pranayam Classes, Health Programs or Workshops. It is my responsibility to inform of any changes in the Medical status.**
2. Suitable clothing is advised e.g. loose gym wear/jogging wear/Punjabi suit.
3. Participants will bring their own Yoga mats/bed sheets, towels, tissues and water (if required) to each class.
4. We do recommend that participants maintain a regular medical check up to see for themselves how Yoga-Pranayam may be affecting their health within the medical parameters of concern (if any) or of those being monitored.
5. Participants are advised to come on an empty stomach for maximum results (No food 4 to 5 hours before the Yoga-Pranayam Session)

O&I highly recommends to every participant to consult and obtain independent medical advice from their Health Care Professional before executing the aforesaid disclaimer and become aware of any effect that may be applicable in light of your medical history or concerns.

I acknowledge that I am participating in the yoga-Pranayam sessions on voluntary basis. I have read, understood in its entirety and I voluntarily agree to the terms and conditions of the release and waiver of liability and rules for participating in yoga-Pranayam classes as described above.

Student/Legal Guardian Signature: _____ Date of Signature: _____

Print Full Name _____