



4691 Atlanta Road SE, Suite 220
Smyrna GA 30080
404-319-8144
www.vita-prana.com

NEW CLIENT REGISTRATION/WAIVER FORM

Name _____

Address _____

Phone _____

Birthday _____ Male or Female (*circle one*)

Email _____
(Please provide if you would like to be included on our mailing list)

How did you find out about Vita-Prana Yoga? _____
(Please specify name or source above)

1. Do you perform any repetitive movement in your work, sports, or hobby?
If yes, please describe:

2. Do you experience stress in your work, family, or other aspect of your life?
If yes, how do you think it has affected your health?

3. Is there a particular area of the body where you are experiencing tension, stiffness, pain, or other discomfort?
If yes, please describe:

4. Are you currently under medical supervision?
If yes, please describe:

5. Is there anything else about your health history that you think would be useful for your instructor to know in order to plan a safe and effective practice for you?

_____ (initial)

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6. Do you have any particular goals in mind for this or future sessions?

7. Are you pregnant?

In case of emergency, please contact _____
(Please print name, relationship and contact phone number)

I understand that cancellations for all group classes, private sessions and workshops must be made 24 hours prior to the scheduled appointment and/or class time or I will be responsible for the fees.

Waiver: I understand that I am participating in fitness class, programs & workshops such as aerial yoga, traditional yoga, pilates during which I will receive information and instruction. I recognize that said classes require physical exertion which may be strenuous and may cause physical 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 said classes. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in said classes. I do not have any of the following physical limitations: pregnancy, glaucoma, recent surgery (esp. shoulder, hip, eyes, back, hands or wrists), heart disease, very high or very low blood pressure, easy onset vertigo, osteoporosis/bone weakness, recent head injury, propensity for fainting, cerebral sclerosis, carpal tunnel syndrome, severe arthritis, disc herniation, muscle spasms, recent stroke, botox injections (within 6 hours). I knowingly, voluntarily and expressly waive any claim I may have against Vita-Prana Yoga for injury or damages that I may sustain as a result of participating in said classes. I, my heirs or legal representatives forever release, waive, discharge and covenant not to take any legal action against Vita-Prana Yoga (and its agents, employees or owners including but not necessarily limited to Vita LoFria) for any injury or death caused by own negligence or other acts. I also give permission to have my picture taken, reproduced and used for promotion and advertising.

I affirm that I have read and agree to all of the above.

Print Client Name _____ Client Signature _____

Date _____

_____ (initial)