



TriYoga
of Central Pennsylvania

Welcome to TriYoga® of Central Pennsylvania
www.PennsylvaniaYoga.com

Name _____

Email _____

Mailing Address (include city & zip) _____

Phone Number(s) _____

Registering for (class day and time) _____

Who referred you to TriYoga? _____

Please share what brings you to yoga and what you are interested in experiencing and exploring.
List any concerns, questions or precautions.

I, _____ (print name), understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. I understand that I am expected to go at my own pace, rest when I need, and respect my body's limitations.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe 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 Theresa Shay and other teachers who may instruct the yoga classes.

Signature (If student is under 18, parent must also sign)

Date

Mail completed form with check for class/session/workshop fee(s) to:
TriYoga of Central Pennsylvania, P.O. Box 631, Centre Hall, PA 16828
Questions: Please contact Theresa at 814-364-2435 or theresa@pennsylvaniaiyoga.com