

Sivananda **Yoga** Vedanta Center

3741 W 27th Street, Los Angeles, CA 90018
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STUDENT AGREEMENT PLEASE PRINT CLEARLY

Last name _____ First name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work _____ Home _____

E-mail _____

Date of birth: Month ____/Day ____/Year _____

Emergency contact _____ Phone _____

How did you hear about Sivananda Yoga?

- Internet** - Circle one Google Yahoo Sivananda Om Page Other? (please specify) _____
- Publication** - Which one? _____
- Friend/Relative**
- Walk In**
- Other** (please specify) _____

Yoga can be a physically demanding activity. It is vitally important that you are in a physical condition that will allow you to participate without presenting a danger to yourself or others. If you have any concerns that a health condition, injury or previous lack of physical activity may put you at risk of personal injury or discomfort, please advise your instructor.

Physical conditions to be aware of? Check any that apply and provide any specified information.

- High Blood Pressure Pregnancy (____ months) Heart Problems Eye Problems
- Neck/Back Dental Head Injury
- Recent surgeries (please specify) _____

 Other conditions (please specify) _____

(Please be sure to sign the back.)

Any Previous Yoga Experience?

- None 1–3 months 4–12 months 1–2 years 2–5 years 6+ years

Liability waiver:

I, the undersigned, fully understand and agree to the following:

1. That I am participating in Yoga classes, workshops and/or courses offered by Sivananda Yoga Vedanta Center (SYVC), a nonprofit organization. I recognize that any physical exertion may be strenuous and may cause injury. I am fully aware of the risks involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these classes, courses and workshops if I have any question as to my ability to participate in Yoga exercise/philosophy classes, meditations and other activities.
3. I hereby state that I am physically and mentally fit and have no medical condition which would prevent my full participation in these classes. Any medical conditions that I am aware of are listed or explained above.
4. I voluntarily participate in Yoga instruction at SYVC. By signing my name on this form, I release the Sivananda Yoga Vedanta Center and its agents from liability for any injury to my person or damage to my property incurred while on the premises. I have reported any restrictive physical disorder to the staff and/or teachers of the Center.
5. In order to sign up for in-person classes, I affirm that I am fully vaccinated against Covid-19 and will show proof of vaccination when asked. I further agree to comply with all of the Covid Health and Safety Policies of SYVC, including wearing a mask when indoors, and outdoors when not socially-distanced.

By checking here you request not to be put on our weekly email list. (We do not share our list.)

Signature of participant: _____ **Date:** ___/___/___

Printed name: *(please print clearly)* _____

Interests: *(Check all that apply)*

- | | | |
|---|---|---|
| <input type="radio"/> Yoga Asanas (Physical Postures) | <input type="radio"/> Ayurveda | <input type="radio"/> Yoga Teacher Training Course |
| <input type="radio"/> Yoga Asana Courses | <input type="radio"/> Vedic Astrology | <input type="radio"/> Karma Yoga (Volunteer Services) |
| <input type="radio"/> Meditation | <input type="radio"/> Cultural Programs | <input type="radio"/> Yoga Retreats |
| <input type="radio"/> Yoga Theory | <input type="radio"/> Music programs | <input type="radio"/> Yoga Therapy |