

**Kind Yoga Chair Yoga Teacher Training
Registration**

Name: (first &last) _____

What do you like to be called? _____

Address: _____

Cell Phone #: _____ Email: _____

Emergency Contact:

Name: _____ Phone #: _____

How did you hear about this training?

Friend ___ Newspaper ___ Flyer ___ Email ___ Web ___ Facebook ___

Waiver

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust, modify the posture and ask for support from the teacher. I will continue to breathe smoothly. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. If I have any medical conditions, I understand I need to talk to my doctor first. 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 irrevocable release and waive any claims that I have now or hereafter may have against: Kind Yoga School, YMCA Southcoast and Pamela Smith Paquette, instructor.

Date: _____

Signature: _____

Print Name: _____

Please return this registration via snail mail with your payment or by email with payment online.

Snail Mail Address

Email: yogawithgrace@comcast.net

Pam Smith Paquette

12 Dove Ave

East Wareham, MA 02538