RAJDHANI MANDIR, 4525 Pleasant Valley Road, Chantilly, VA 20151

Yoga and Pranayam Class Registration Form

(Please Print)

STUDENT INFORMATION

Last name:	**First:**	**Middle:**	Date of Birth: MM/DD/YYYY	Age:	Sex:	
			/ /		❑ M	❑ F

Street address:		
City:	State:	ZIP Code:
Occupation:		
Home Phone:	Work Phone:	
Mobile Phone:	e-mail:	
Weight:	Height:	

Have you practice or taught Yoga / meditation before, if Yes please explain _____ how long _____ years

comments: _____

_____

How did you find out about the Yoga Class?

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: _____

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DISCLAIMER FOR ATTENDING YOGA-PRANAYAM CLASSES/SEMINARS (Please read before signing)
For participant less than 18, parents/legal guardian must give consent and sign.

The Yoga-Pranayam classes/Seminars are run by volunteers 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 **and Rajdhani Mandir** 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 **and Rajdhani Mandir** 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 and Rajdhani Mandir** 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 and Rajdhani Mandir** 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_____