



**AAGNA YOGA SCHOOL**  
**Registration Form – Epiphany Luthern Church**

Name of participant: \_\_\_\_\_

Contact phone no: \_\_\_\_\_

Participant's email: \_\_\_\_\_

Have you attended any yoga session previously: **(Yes/No)** \_\_\_\_\_

**It is the responsibility of the Participant to consult with their physician to ensure the participant is in good health to practice yoga and let the instructor know about any pre-existing injuries or serious medical condition.**

Emergency contact name & phone:

\_\_\_\_\_

You are responsible for your condition during your workout. Exercise within your limits. Never force your body or strain. If you feel discomfort or strain at any time during the class, gently come out of the posture. You may rest at any time during the class. Before any workout you should stretch to warm up and cool down afterwards. Not warming up, cooling down and stretching properly might result in personal injury. Keep yourself hydrated before and after your yoga practice.

The Aagna Yoga School and the Yoga Instructor disclaims all responsibility and liability of any expense, loses, damages and cost that you might incur to person or property as a result of your yoga practice.

**YOGA WAIVER FORM:**

**I as a Participant hereby release and covenant not-to-sue Aagna Yoga School, the Yoga Instructor and other participants from any and all present and future claims including those resulting from ordinary negligence.**

**I do hereby agree to participate in the yoga classes conducted by the instructor from Aagna Yoga School at the Epiphany Lutheran Church.**

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Contact: Dr. Vadivambal Rajagopal, Ph.D, P.Eng  
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