

Name: _____
Age: _____ Birth date: _____ Date _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (home) _____
(Cell) _____ Text (yes/ no)

E-mail: (for notification of class changes/ special events)

How did you find out about Wellness to the Core? _____

***Do you have previous yoga experience:**
Yes/No

***Would you like to be on our mailing or email list for future special events, workshops, or classes:**
YES/ NO

Please check any of the following which apply to you:

- Sciatica hypertension / high blood pressure
- pregnant knee problems
- Glaucoma / eye problems ear congestion
- balance difficulties ankle/wrist prob.
- lower back injury mid back or neck injury
- seizures / tremors other _____

In case of emergency, please notify: (Name & phone) _____

Class fees are non-refundable.

Class packages are available and may be used by members of the same family. Packages do expire, although the class schedule may change after you purchase your package. Prepaid sessions are available for a discounted rate based on the number of classes per week you wish to attend. Some sessions start and finish at a predetermined time, although you may start at any time. If you feel you may not be able to attend regularly, smaller packages are recommended to meet your needs. Participants who register for class sessions with a regular time slot will be given priority in participation if a class exceeds capacity (10-15 participants). Registered participants will be given space on a first come first serve basis. Specialty classes & events are not included in sessions or class packages.

I understand traffic and other events can sometimes cause us to be late to class. If this occurs, you are still welcome to join the class, I just ask that you be courteous to other participants as you enter & spend a few minutes warming up prior to full participation.

****Please read the following recommendations for modifications for certain conditions. If you have any questions, please ask for further clarification.**

- 1. Sciatica:** avoid forward bends or intense hamstring stretching.
- 2. Hypertension / high blood pressure:** avoid breath retention and intense inverted poses.
- 3. Glaucoma, eye problems, ear congestion:** avoid breath retention and inverted poses.

4. Lower back injuries: bend knees slightly during all types of forward folds to reduce strain on back.

5. Mid back or neck injuries: avoid the more intense inverted postures, cobra, and back bends.

6. Knee problems: no quadriceps stretches, limit use of the pigeon pose, place extra padding under the knees during floor work.

Children under 12: avoid inverted postures as they may affect the glandular system:

Women on their menstrual cycle: avoid inverted postures.

Pregnant women: Avoid lower spinal twists along with lunges, forward bends, and side lying poses. Avoid breath retention and holding the breath after exhalations as this may limit blood flow to the fetus. Expect a decline in performance during pregnancy. Avoid overstretching, prolonged inverted postures, and breathe retention. Keep warm and avoid prolonged periods of standing or lying flat on the back after the first trimester. Use a wall or chair for balance in the third trimester, and modify postures to accommodate physical changes in the body. Body changes remain 4-6 weeks after pregnancy. Take care not to overextend yourself and gradually work back into your regular routine. Prenatal and pregnant women should always consult with their doctor about this or any exercise program.

Seniors: Seniors can modify certain postures to be done in a chair or using a wall or chair for balance & support. Avoid extended periods of inversion, floor postures, and forward flexion. Avoid complex postures or those requiring a great deal of strength. In general, those with special conditions and who are just beginning should avoid the more intense or strenuous types of postures. Most postures can be modified and still provide benefits. Remember, you are in a noncompetitive environment and to work at your own pace. Listen to your body and work within your comfort zone. Research has demonstrated that postures do not need to be perfect to provide benefits!

REMEMBER: FOR YOUR SAFETY, A STICKY MAT IS REQUIRED TO PARTICIPATE IN ALL CLASSES. BRINGING YOUR OWN STICKY MAT IS HIGHLY RECOMMENDED FOR HYGEINE PURPOSES. MATS ARE AVAILABLE FOR PURCHASE HERE AT VERY REASONABLE PRICES. A LIMITED NUMBER OF MATS ARE AVAILABLE TO RENT IF YOU DO NOT HAVE ONE OR FORGET YOURS. YOU ARE RESPONSIBLE FOR CLEANING YOUR OWN MAT BEFORE AND AFTER USE.

(OVER) -->

Agreement and Release of Liability

I _____ have enrolled in a program of strenuous physical activity including, but not limited to yoga classes, the use of facilities, equipment, and machinery offered by 'Wellness To The Core' and Angel Bueter, and other instructors. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this yoga and / or exercise program. I hereby affirm that I have read and understand the section titled "SPECIAL CONDITIONS AND MODIFICATIONS" and understand how these recommendations and modifications apply to me. I do hereby waive, release, and forever discharge, 'Wellness To The Core' and Angel Bueter, employees, and all other parties from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any other way arising out of or connected with my participation in the activities or use of any equipment at 'Wellness To The Core' and Angel Bueter.

I understand and am aware that strength, flexibility, aerobic, and yoga exercise, including the use of special props and equipment, is a potentially hazardous activity. I also understand that fitness and yoga activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using props, equipment, and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in a yoga / exercise / fitness activity or in the use of exercise equipment, machinery, or yoga props. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to a physical activity, yoga, exercise, and use of exercise / training / yoga equipment so that I might have his / her recommendations concerning these fitness and yoga activities and equipment use.

I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity an use of equipment, props, and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Signature and/or (parent / guardian if under 18):

X _____ Date: _____