

Anahata Yoga from the Heart  
1 Hollyholme Farm Road, Barrie, ON L4N 9E8  
connect@sarahmelody.com  
www.anahatayogafromtheheart.com

**New Member Registration Form & Waiver**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Want to be included in our newsletter? We promise not to spam you:  
 Yes  
 No

**Emergency Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Secondary Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any concerns, physical ailments, restrictions etc. please let us know so we can serve you better:

\_\_\_\_\_  
\_\_\_\_\_

Your Why (why do you practice yoga?):

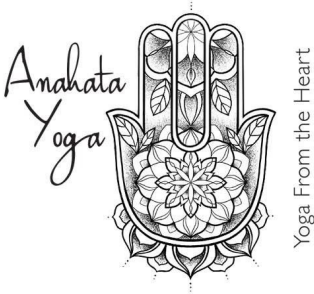
\_\_\_\_\_  
\_\_\_\_\_

All of your information will be kept confidential and will only be released if required by law. You hereby certify that you do not hold Anahata Yoga and affiliates (teachers, associates, employees, landlord etc.) accountable for any injury and you are aware of any risks involved in your participation. Initial: \_\_\_\_\_

**Please continue on the next page.**

Office Use  
Reviewed By Name: \_\_\_\_\_

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



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My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the yoga teacher (the “Teacher”). Initial: \_\_\_\_\_

Although we focus on mental health and wellness in our studio, yoga is not a substitute for medical attention, examination, diagnosis or treatment. Initial: \_\_\_\_\_

If I am pregnant or become pregnant or am post natal, my signature verifies that I am participating in yoga classes **with my doctor’s full approval and I will inform the yoga teacher of my recent change.** Initial: \_\_\_\_\_

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any yoga class. Initial: \_\_\_\_\_

I also understand at Anahata yoga classes or related activities, I may be photographed. I agree to allow my photo, video or film to be used on social media and marketing purposes.

Yes

No

Digital Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use  
Reviewed By Name: \_\_\_\_\_

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