

**anaama yoga - yoga from the inside**  
Registration and Release Form

**name:** \_\_\_\_\_ **telephone:** \_\_\_\_\_

**address:** \_\_\_\_\_ **birthdate:** \_\_\_\_\_

\_\_\_\_\_ **postal code:** \_\_\_\_\_ **email:** \_\_\_\_\_

Have you done yoga or meditation before? \_\_\_\_\_ How long? \_\_\_\_\_

Who was your teacher(s)? \_\_\_\_\_

What kind of exercise/physical activity do you do now? \_\_\_\_\_

\_\_\_\_\_

Do you have problems in any of the following areas? Explain briefly.  
neck\_\_\_, shoulders\_\_\_, elbows\_\_\_, wrists\_\_\_, hands\_\_\_, hips\_\_\_, head\_\_\_,  
knees\_\_\_, ankles\_\_\_, feet\_\_\_, upper back\_\_\_, mid back\_\_\_, lower back\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any movement that might be a problem for you. \_\_\_\_\_

\_\_\_\_\_

Have you had or do you have any injury, condition or illness? Do you currently take any medication? Please describe or list. \_\_\_\_\_

\_\_\_\_\_

What do you hope to address and to gain from practising yoga? \_\_\_\_\_

\_\_\_\_\_

## Release Form

In consideration of Rosemary Jeanes Antze or Rachel Smith accepting the application of the undersigned for participation in the yoga program, I the undersigned, hereby release and forever discharge Rosemary Jeanes Antze, Rachel Smith and St. Matthew's United Church, its directors, officers, agents, (the "Releasees") of and from all actions caused, arising out of, or in any way connected with the participation of the undersigned and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Releasees or any of them. I also acknowledge and understand that a risk of personal injury may be involved in the exercises. I therefore agree to follow instructions carefully.

SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

\*All information will be kept private and confidential. Your replies will help me to adapt the yoga postures and breathing to suit individual needs.

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## Survey to Help Planning

**Please check the following as appropriate: (no commitments!)**

Are you interested in the following? **Name** \_\_\_\_\_

1. Retreats Spring \_\_\_\_\_ Costa Rica \_\_\_\_\_ Teaching \_\_\_\_\_

2. Yoga Sutra study group \_\_\_\_\_ weekend \_\_\_\_\_ evening \_\_\_\_\_

3. Meditation \_\_\_\_\_ weekend intensive \_\_\_\_\_ weekly classes \_\_\_\_\_

4. Teacher Development & Mentoring \_\_\_\_\_

5. Yoga Mat purchase \_\_\_\_\_

6. Information about other T.K.V. Desikachar teachers/seminars \_\_\_\_\_