



Name: _____

Address: _____

Birthday: _____ (m/d/y)

Email: _____

Phone: (____) _____ Mobile: (____) _____

I.C.E. (whom to contact in case of Emergency!):

Name: _____

Relationship: _____

Phone #: (____) _____ Alternate #: (____) _____

Specific Health Challenges and Need to Knows about you: _____

Goal for attending: _____

Inspiration!: _____

Thank you for your time and sharing. Your personal information will be kept in complete confidence with me and will only be released where required by law. As well, you understand and agree that your participation in this journey is one of self-empowerment and that you are solely responsible for your own participation, action conduct, risk and any injury that may be a result of your participation in any activity with Ann Green Yoga, its successors, agents or assigns and Ann Green. You hereby save and hold Ann Green Yoga, its successors, agents and assigns, and Ann Green harmless against any and all harm or injury resulting in any way from this activity. You hereby certify that you are participating in this programme with your Doctor's approval and that you are completely and fully aware of the potential risks and possible injury of such a program and in so knowing you shall claim no liability whatsoever to Ann Green Yoga, its successors agents or assigns or to Ann Green.

Thank you very much and namaste.

 (Signature) Date: _____