



SOUL SOURCE

Center for Conscious Living

REGISTRATION FORM

(Please print clearly)

Date: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Email List preferences (please check all that apply):

- All Soul Source Center Activities
- Yoga Updates and information Only
- Kirtan Announcements

How did you learn about Soul Source: Website

- Referral
- Advertisement

CLASS/WORKSHOP REGISTRATION

Class/Workshop Title: _____

Day/Time: _____

Instructor's Name: _____

Amount of payment: _____ Check ___ Check # _____ Cash ___ Other _____

YOGA STUDENTS ONLY

Informed Consent Form Returned: Yes No

Please make checks payable TO YOUR INSTRUCTOR (indicate class title/day/time).

SOUL SOURCE
Center for Conscious Living
631 Fairview Road, Swarthmore, PA 19081
610-690-3620



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Student Informed Consent

Our yoga classes are considered low risk physical activity, utilizing props for support and with a focus on body awareness. The teacher's responsibility is to use her knowledge and training to deliver safe instruction and advice. However there are many factors that influence yoga's effect on an individual that depend on states of health and fitness.

Please note the following to maximize your safety and experience in class:

1. If you have been diagnosed w/ Fibromyalgia, please let your teacher know at the start of each class you take. Sometimes students w/ FM get a lot of opening during class – so much so that it is difficult for them to keep that opening and then later that day or the next they don't feel well. We generally recommend not having adjustments if you have FM so do let your teacher know that you would prefer not to have an adjustment if she/he asks you if you'd like one.
2. For Students w/ high blood pressure, detached retina/glaucoma, or an injury, please remind your teacher of this condition before every class and/or follow any directions she/he gives regarding modifications for your specific condition(s) during class. Most importantly, listen to your body and if you have pain, let the teacher know – she/he can help.
3. Please get your Dr.'s approval if you have had any injury or surgery before participating in class.
4. If you are pregnant, let your teacher know. You may participate in Beginning/Continuing yoga classes at Soul Source, **if** you are past the first trimester. If you have been taking classes with us before you become pregnant, then it is fine for you to continue even if you are in the first trimester.
5. If you have had an organ transplant, we regret that this is not an appropriate style of yoga for you.

(OVER)

I, _____(print your name) understand that yoga includes physical movement as well as an opportunity for relaxation, stress reduction and relief of muscular tensions. As is the case with any physical activity, the risk of injury, even serious or disabling is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will LET MY TEACHER KNOW and I will listen to my body. I understand that I may choose to discontinue any pose or activity at any time in a yoga class or in home practice. (*SSY encourages students to let the teacher know if they experience pain in class- usually we can prop the student for more comfort and more effective release and if not, we can offer a substitute pose*).

I understand and accept that yoga is not a substitute for professional medical advice or treatment and that if I have had an injury or have had surgery or if I am pregnant I should get my doctor's approval to participate in yoga class before doing so.

I understand that it is my responsibility to inform the classroom teacher (at the beginning of every class I take) if I have any health issue or injury/surgery information that may affect my ability to follow directions in class e.g. those conditions mentioned in the first page of this document or any others that might adversely affect my ability to participate in class.

I have read and understand the above recommendations. I assume full responsibility during or after a yoga session to apply, at my own risk, any portion of the information or instruction I receive. I hereby agree to release and waive any, all claims that I now, or hereafter may have against Soul Source, its agents, servants, employees, successors and assigns.”

Student Signature _____ **Date:** _____