

## Registration Form

yoga*devotion*  L.L.C.

[www.yogadevotion.com](http://www.yogadevotion.com)



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## Easter Lutheran Church (by the Lake)

Class location: 4545 Pilot Knob Road, Eagan, MN 55122  
Mailing address: 4200 Pilot Knob Road, Eagan, MN 55122

**Tuesdays, March 6-April 17, 2012**  
**Level 1 & 2 Combined Class: 6:30-7:30 p.m.**

**Cost: \$50 for seven-week session**

(Make checks payable to Easter Lutheran Church  
with "Yogadevotion" on the memo line.)

**\*Please read and sign Release Form on reverse side.\***

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**(15 person minimum/30 maximum per class level)** Please arrive 15 minutes early to the first class. Questions? Call the church office at 651-452-3680.

For office use: amount paid _____
date _____
check # _____
entered _____

## **Yogadevotion Release Form**

Yoga, as taught by Yogadevotion, is a physical as well as Christian spiritual practice of yoga. While we offer modifications for certain poses, everyone must be responsible to listen to their own body and not over-extend themselves. Please read the following, if you have any concerns, please discuss them with your doctor, or you may email us at [yogadevotion.com](http://yogadevotion.com). The following is a basic list of conditions that require modifications. If you have read this and understand, please sign below before practicing with Yogadevotion LLC.

### **Contraindications for Special Conditions**

Sciatica...AVOID...forward bends; intense hamstring stretching.

Hypertension/high blood pressure, glaucoma, other eye problems or ear congestion...AVOID...breath retention; inverted poses.

Pregnancy...AVOID...breath retention; lying on your back after the first trimester.

I understand that I am solely responsible for my health, safety and well being. I agree that I will inform the instructor of any activity or movement that I cannot safely perform and that I will not perform any activity or movement which I feel is likely to cause me to injure myself. I agree to hold the Yogadevotion instructor and Easter Lutheran Church harmless from any and all responsibility for an injury I may sustain during or as a result of my Yogadevotion session.

**Session dates: Tuesdays, March 6 - April 17, 2012**

**Name**

**Date**

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