



Mindfulness Registration

Date _____

Name: _____

Age: _____

Address: _____

Best Contact Phone Number: _____

Emergency Contact Number: _____

Email: _____

Occupation: _____

Blood Type: _____ Height: _____ Weight: _____

Registration Agreement.

I voluntarily agree to participate in Mindfulness sessions, offered by Monica Daza. During each session I will receive educational and instructional material about mindfulness practices. By signing this document I understand that the information and material provided is for educational purposes only.

We, at YogafyMyLife, encourage you to use all provided material at your own discretion. If you have any health issue, medical emergency, or a general health question, you should contact your family doctor or other qualified health care provider for consultation, diagnosis and/or treatment. Our Mindfulness Sessions may compliment any other ongoing health treatment.

Signature of the Participant: _____ Date: _____

Namaste