

**YOGA PARTICIPANT INTAKE
WAIVER AND ASSUMPTION OF RISK FORM**
ALL INFORMATION IS KEPT CONFIDENTIAL



Name _____ Date of birth _____

Address _____ City, State, Zip _____

Best Phone # to Reach You: _____ May We Text You? No Yes

Email Address _____

Emergency Contact (name, phone #) _____

How were you referred (Name, Flyer, Ad, website, etc.) _____

Have you practiced yoga before? No Yes (date of last class/practice _____)

What are your goals/expectations for your yoga practice? What benefits are you looking for? (check all that apply) New; want to learn more Strength training Flexibility Balance Stress relief Address health concern Alternative therapy Improve fitness Weight management Increase well-being Injury rehabilitation Positive reinforcement Other/Explain: _____

Waiver and Assumption of Risk

We are delighted to have you as a yoga student. Yoga is more than a physical exercise. It is a practice that integrates the body, mind and spirit to bring one to deeper levels of relaxation and self-awareness. By choosing to participate in yoga classes, you voluntarily assume a certain risk of injury. Yoga classes are structured to support each individual's capabilities. Students are encouraged to listen to their bodies and this often limits risk of injury. Awareness is fundamental to the practice of Yoga.

By attending this class, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga. I agree to inform my yoga instructor of any activities or movements, which I feel could cause injury to myself. If you are currently under the care of a physician for a chronic condition, a release form may be required before you can participate in the yoga class.

I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. The instructors shall not be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in this class. I agree to listen to my body and monitor myself during every class session. **Those under 18 years of age must have this form signed by a parent or guardian.**

Name (Print) Signature Date

Parent Name (Print) Signature Date

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Today's Date: _____

PHYSICAL HISTORY

How do you rate your current level of activity? (mark one)

___ Sedentary/Not Active ___ Very Active/Weekly Physical Fitness Activities ___ Extremely active/Daily

On a scale of 1 to 5 how would you rate your level of stress (circle one)?

1= very low 2= low 3= moderate 4=high 5= extremely high

Please review this list and check those conditions that have affected your health in the last 5 years:

___ broken/dislocated bones ___ diabetes type 1 or 2 ___ pregnancy (EDD _____)
___ muscle strain/sprain ___ high/low blood pressure ___ surgery ___ arthritis, bursitis
___ insomnia ___ seizures ___ disc problems ___ anxiety/depression ___ stroke ___ scoliosis
___ asthma, short breath ___ heart conditions, chest pain ___ back problems ___
numbness, tingling anywhere ___ auto-immune condition* (*AIDS, fibromyalgia, chronic fatigue, lupus,
etc.) ___ osteoporosis ___ cancer (explain below)

Are you currently under the care of a Physician, PA, DO? ___ Yes ___ No

Please indicate what condition you are being treated for?

Please provide any additional information about your current health. _____

NAMASTE!