

YOGA - HEALTH and WAIVER FORM

Name: _____

Phone: _____ (home) _____ (cell)

Email Address: _____

Profile/Health History	Yes	No
Have you participated in a yoga class?	<input type="checkbox"/>	<input type="checkbox"/>
Do you exercise on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
Have you any history of heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a stroke, seizure or heart attack?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever have fainting or dizzy spells?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever experienced shortness of breath, irregular heart beat, or pain in your chest as a result of physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Do you any chronic illness/pain?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, _____		
Have you been advised by your physician not to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Recent Surgical history or injury _____	<input type="checkbox"/>	<input type="checkbox"/>

Waiver/Release

To the best of my knowledge the information supplied here is accurate. My participation in the Yoga class is voluntary and at my own risk. I release Chris Darby-King of any responsibility for any consequences arising from any activity I participate in provided in this yoga class. I hereby release respective owners, instructors and assigns from any liability for any claims, demands, injuries, actions or causes of actions to my person or property arising out of or connected with the use of any of the services, equipment or facilities supplied during the yoga class. I further understand the activities may involve physical strenuous exercise and risk of bodily injury and I accept full responsibility for any activity I engage in with this yoga class. I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts. I have read the above release and waiver of liability and fully understand its contents and voluntarily agree to the terms and conditions stated above.

Signature: _____ Date: _____

Printed Name: _____