

Yoga for Health

Health Questionnaire and Agreement of Release & Waiver of Liability

PLEASE PRINT

Name: _____ Date: _____

Number to call if class is unexpectedly cancelled: _____

Email Address: _____

Your address will not be shared. This is in case I need to contact you.

Emergency Contact Name: _____ Phone: _____

Relationship to you: _____

What is your experience with yoga: never tried have tried, but still beginner
 advanced

Health Questions: (This information will help the instructor modify poses for your comfort and safety.) Are you affected by any of the following:

Heart problems of any type? yes no Glaucoma? yes no

High Blood Pressure? yes no Diabetes? yes no

Low Blood Pressure? yes no Depression? yes no

Bipolar/Manic Depressive? yes no Anxiety? yes no

Lower back pain? yes no

Arthritis/bone/joint problem? yes no Describe: _____

Currently Pregnant? yes no Due Date: _____

Any other disease or health condition not listed above? yes no

If yes, please describe: _____

Have you ever had surgery that involved replacement, repair or reconstruction? yes no

If so, please describe: _____

Have you ever broken a bone? yes no

If that break still bothers you, please describe it: _____

Please complete other side.

Yoga for Health Questionnaire and Agreement of Release & Waiver of Liability

I, _____, hereby agree to the following:
(Print name)

1. The information I have provided on this form is complete and accurate.
2. That I am participating in a yoga class offered by Debbra Chymiak-Isanhart, during which I will receive information and instruction about Yoga and health. I recognize that Yoga involves physical exertion which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
3. I understand the information and practices received in such programming is in no way considered as a substitute to consultation with a duly licensed health professional. I acknowledge the recommendation that I consult with a duly licensed health professional prior to enrollment and before making any life changes.
4. In consideration of being permitted to participate in the yoga class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
5. In further consideration of being permitted to participate in the yoga class, I knowingly, voluntarily and expressly waive any claim I may have against Debbra Chymiak-Isanhart or First United Methodist Church of Mount Clemens for injury or damages that I may sustain as a result of participating in the program.
6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue for any injury or death caused by negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature _____ Date _____

Please complete other side.