



simplicity yoga

Information Form

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Postal code: _____

Primary phone: _____ (Cell preferred)

e-mail: _____

Emergency contact name: _____

Emergency contact phone: _____

YOGA EXPERIENCE

Have you tried Yoga before? YES NO

If YES, what style(s)? _____

Did you like it? YES NO

Why or why not: _____

What is your main reason for trying Simplicity Yoga?

(Turn Over)

HEALTH INFORMATION

Shortness of breath or chest pain (if "yes", please bring to every class) YES NO *Inhaler?* YES NO

High blood pressure YES NO

Taking medication for high blood pressure YES NO

Significant bone/joint/muscle pain YES NO

Location: _____

Back pain YES NO

Any other health issues? Please explain:

Are you active? YES NO

Activity or Exercise: _____

Are you currently taking any medication(s)? YES NO

Type: _____

AGREEMENT

In any physical activity, risk of serious physical injury is possible. Yoga and other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risk of yoga or other activity and releases the teacher(s) and Simplicity Yoga from any liability claims.

I, _____ (please print name), am participating in classes or workshops with Simplicity Yoga. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical condition, which I am aware of, that would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.

Date _____

Signature _____