

Welcome



Yoga Health Form

Personal Information:

Name _____ Phone (Cell) _____ (Home) _____
Address _____ City/State/Zip _____
DOB _____ Email _____ Occupation _____
Emergency Contact _____ Relationship _____ Phone _____
Sex: Male Female Other How did you hear about us? _____

Have You Had Restorative Yoga Before? Yes No (If Yes When Was Your Last Session? _____)

How Often Do You Practice Yoga? Daily Weekly Monthly

I Understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eternally illuminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. Assume full responsibility for any and all damages, which may incur through participation. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical conditions to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant, or I am post natal or post surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Medical Massage Clinic and its instructors. I have read and fully understand and agree to the above terms of this liability waiver agreement. I am signing this agreement voluntarily and recognize that my signature serves at complete and unconditional release of all liability to the greatest extent of The State of Virginia

Client Signature _____ Date _____

