

One Yoga Paradise
Questionnaire and Agreement of Release & Waiver of Liability

PLEASE PRINT

GENERAL INFORMATION

Name: _____

Date: _____

Birth Date (mm/dd/yy): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Emergency Contact: _____ Relationship to
you: _____

Emergency Contact Phone: _____

SPORTS/MEDICAL HISTORY

What is your experience with yoga? (circle one) novice intermediate advanced
If experienced, please describe:

Describe your physical activity on a typical day:

Are you affected by any of the following:

- * Heart problems of any type? Yes No
- * High Blood Pressure? Yes No
- * Glaucoma? Yes No
- * High Blood Pressure? Yes No
- * Arthritis or another bone or joint problem? Yes No
- * Diabetes? Yes No
- * Pregnancy? Yes No
- * Any other disease or health condition not listed above? yes no

If yes, please describe:

Please check your specific fitness goals:

- | | |
|--|--|
| <input type="checkbox"/> Improve strength | <input type="checkbox"/> Improve cardio |
| <input type="checkbox"/> Improve muscle tone and shape | <input type="checkbox"/> Improve posture |
| <input type="checkbox"/> Improve flexibility | <input type="checkbox"/> Improve diet/eating habits |
| <input type="checkbox"/> Lose inches | <input type="checkbox"/> Reduce stress |
| <input type="checkbox"/> Increase energy | <input type="checkbox"/> Injury prevention Rehabilitate injury |
| <input type="checkbox"/> Live healthier | <input type="checkbox"/> Other |

RELEASE & WAIVER OF LIABILITY

Page 2

I agree to the following:

1. The information I have provided above is complete and accurate.

2. I understand that I am participating in yoga conditioning sessions offered by One Yoga Paradise, during which I will receive instruction about yoga. I recognize that yoga requires physical exertion that can be strenuous. I am fully aware of the risks involved. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga conditioning. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in yoga conditioning sessions. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga conditioning sessions. I knowingly, voluntarily, and expressly, waive any claim I may have against One Yoga Paradise and Christina Conde for injury or damages that I may sustain as a result of participating in the program.

PRINT:

First Name: _____ Last Name: _____

Signature: _____ Date: _____

Signature of parent or guardian: _____ Date: _____