

**Yoga Class Series: Physical Ability Questionnaire/Medical Info and Release Form**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Are you taking any long-term medication? If yes, please list drug(s) and reason for taking \_\_\_\_\_

Do you have any health or medical concerns, including injuries that the instructor should know about? \_\_\_\_\_

Can you sit comfortably on the floor? Y N Do you need any type of support to assist you in sitting comfortably on the floor? \_\_\_\_\_

What type and to what frequency do you currently exercise? \_\_\_\_\_  
\_\_\_\_\_

What do you most hope to gain from this class? \_\_\_\_\_  
\_\_\_\_\_

On a scale of 1 (not much) - 10 (very), how flexible do you consider yourself to be? \_\_\_\_

Please use the following space to ask the instructor any question you have relative to participation in this class \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Yoga Class Series: Physical Ability Questionnaire/Medical Info and Release Form

## Agreement

I agree to the following:

1. That I am participating in a yoga class, yoga therapy session, health program or workshop offered by Heather Church, Yoga Teacher, E-RYT 200, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation and I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in a yoga class, yoga therapy session, health program or workshop.
3. In consideration of being permitted to participate in a yoga class, yoga therapy session, health program or workshop, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might occur as a result of participation in the program.
4. In further consideration of being permitted to participate, I knowingly, voluntarily, and expressly waive any claim I may have against Heather Church, E-RYT 200, and the facility/ home in which the session takes place, for injury or damages I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Heather Church, E-RYT 200, or the facility/home for any injury or death caused by their negligence or other acts.

I have read the above release and waiver and fully understand it's contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date

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If under age 18: As legal guardian of \_\_\_\_\_

I consent to the above terms and conditions.

Signature

Date

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