Name:

Address:       Postal code:

Email:      Date of birth:

Please list any physical conditions that might limit your participation in physical exercise:

Are you taking any medications (please list):

For what conditions (please list):

Please check any of the following that may apply to you:

|  |  |  |  |
| --- | --- | --- | --- |
| Arthritis ☐ | Glaucoma ☐ | Chronic sinuses ☐ | Low blood pressure ☐ |
| Hernia ☐  | Ulcers ☐ | Hypoglycemia ☐ | High blood pressure ☐ |
| Epilepsy ☐ | Asthma ☐ | Heart trouble ☐ | Pregnant/due date ☐ |
| Hernia ☐ |  |  |  |

Please state any goals or questions you may have prior to beginning a yoga session:

Please state any previous experience with yoga, if any (styles):

**Agreement:** Yoga is an educational experience and each student is responsible for his/her own health, safety and well-being while participating. Students hereby agree to inform the therapist of any activity that cannot be safely performed and will not perform any activity that is likely to cause injury. The student agrees to hold therapist free from any and all responsibility for any injury that may be sustained during or as a result of classes.

Signature:      Date: Click here to enter a date.