

ANA MARIE YOGA LLC CONTACT/ HEALTH HISTORY/ LIABILITY WAIVER

All information is kept confidential. Please print legibly.



Name: _____ D.O.B. ____/____/____ Age: _____

Phone: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

How did you find out about Ana Marie Yoga? _____ Have you practiced yoga before? Yes / No

If "Yes", for how long: _____ How Often? _____ What style? _____

EMERGENCY CONTACT		
Name: _____	Phone: _____	Relationship _____
Medications or serious allergies that should be made known to medical personnel in case of emergency: _____		
Have you experienced any of the following? <input type="checkbox"/> Asthma <input type="checkbox"/> High / Low Blood Pressure <input type="checkbox"/> Heart / Circulatory Problems <input type="checkbox"/> Neck / Back / Spine Injury <input type="checkbox"/> Epilepsy / Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Pregnancy (Indicate Due Date) <input type="checkbox"/> Depression/ Anxiety		EXPLAIN CHECKED CONDITIONS and all other medical conditions and injuries: _____ _____ _____ _____ _____ _____
<input type="checkbox"/> Muscular Injury <input type="checkbox"/> Joint Injury <input type="checkbox"/> Scoliosis <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Digestive Conditions <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Recent Surgery <input type="checkbox"/> Vertigo/Dizziness		

WAIVER

If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher, or gently come out of the posture and rest. I will continue to breathe smoothly. I understand that I can rest at any time during the class, and will respect my body's limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. It is my personal responsibility to consult with my doctor regarding my participation. I consent to occasional class photos to be used solely for marketing purposes. I recognize that it is my responsibility to notify my teacher of any serious illness, injury or pregnancy before every yoga class. I will not perform any postures to the extent of strain or pain. I accept that neither the teacher, nor the hosting facility is liable for any injury, or damage, to person or property resulting from taking the class.

Name (Print)	Signature	Date

Parent / Guardian Name (Print)	Signature	Date

Those under 18 years of age must also have this form signed by a parent or guardian.

1 CLASS \$10 5 CLASSES \$45 10 CLASSES \$80 20 CLASSES \$140