

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"/> Muscular Injury |
| <input type="checkbox"/> High / Low Blood Pressure | <input type="checkbox"/> Joint Injury |
| <input type="checkbox"/> Heart / Circulatory Problems | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Neck / Back / Spine Injury | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Digestive Conditions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Pregnancy (Indicate Due Date) | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Depression/ Anxiety | <input type="checkbox"/> Vertigo/Dizziness |

EXPLAIN CHECKED CONDITIONS and all other medical conditions and injuries:

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 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.