

[total body yoga]

total freedom — total balance — total joy

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Occupation:	Age:	

How did you hear about us?		
	YES	NO
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Friend or Family	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper Ad	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us more about you	YES	NO
Is this your first yoga class?	<input type="checkbox"/>	<input type="checkbox"/>
Do you occasionally practice yoga (3X/month)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you practice yoga regularly (3X/week)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a yoga instructor?	<input type="checkbox"/>	<input type="checkbox"/>
How long have you been practicing yoga?	<input type="checkbox"/>	

Why are you taking yoga classes?

List all injuries and illnesses (past and present):

Are you currently taking medication? If yes, please explain:

Do these currently apply to you?	YES	NO	Are you pregnant?	YES	NO
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Is this your first pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma, detached retina	<input type="checkbox"/>	<input type="checkbox"/>	Do you have your doctor's permission?	<input type="checkbox"/>	<input type="checkbox"/>
Back/Neck Injuries	<input type="checkbox"/>	<input type="checkbox"/>	When is your baby due?	<input type="checkbox"/>	

AGREEMENT AND LIABILITY RELEASE

NOTICE

Before participating in this or any other exercise program, I hereby acknowledge that I have been advised to consult with a physician. Individuals under eighteen (18) years of age must be accompanied by a parent or legal guardian.

VOLUNTARY PARTICIPATION

I, the undersigned, acknowledge that I have voluntarily chosen and requested to participate in the yoga class, workshop, event or activity sponsored by **total body yoga** and understand that I may discontinue participation at any time.

ACKNOWLEDGEMENT

I am aware that participation in the yoga class, workshop, event or activity may be hazardous. I acknowledge that a certain minimum level of physical health, strength, fitness and flexibility will be required to participate in these activities. I am voluntarily participating in these activities with knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities. I assume responsibility for discontinuing any exercise that causes pain and will consult the instructor regarding such discomfort.

RELEASE

In consideration for being permitted to participate in the yoga class, workshop, event or activity, I agree that I, my heirs, assignees, guardians, and legal representatives will not make any claim against, sue or attach the property of any of the hosts, instructors, organizers or participants in the yoga class, workshop, event or activity including but not limited to those doing business as **total body yoga** for injury or damage resulting from my participation in such yoga class, workshop, event or activity. I release all such hosts, instructors, organizers, and participants, their agents and heirs, from any and all actions, causes of action, lawsuits, claims, or demands that I, my assignees, heirs, guardians, and legal representatives now have or hereafter may have for any and all injury, illness, loss of damage to property associated with my participation in the yoga class, workshop, event or activity.

I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to yoga classes, workshops, events and activities with **total body yoga** and all such hosts, instructors, organizers, and participants.

PRINTED NAME: _____

SIGNATURE: _____

TODAY'S DATE: _____

BIRTHDATE: (DAY/MONTH) _____