



Personal Health Liability Waiver

Name:	<input type="text"/>	Telephone:	<input type="text"/>
MailingAddress:	<input type="text"/>		
Email:	<input type="text"/>	Birthdate:	<input type="text"/>

May we contact you by email?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about us?	<input type="text"/>
What are your primary goals for this class?	<input type="text"/>
Please circle the activities you have done.	Yoga <input type="checkbox"/> Meditation <input type="checkbox"/> Dance <input type="checkbox"/> Running <input type="checkbox"/>
What other forms of exercise do you do?	<input type="text"/>

Please check any existing or past conditions:

Please list any other health concerns, injuries, allergies or medical conditions.

High blood pressure	<input type="checkbox"/>
Back/neck pain	<input type="checkbox"/>
Knee pain	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>
Hip pain	<input type="checkbox"/>
Anxiety/depression	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>
Pregnancy (current)	<input type="checkbox"/>
Low blood sugar	<input type="checkbox"/>

In any physical activity, risk of serious physical injury is possible, Yoga and other activities no substitute for medical diagnosis and/or treatment. The student assumes the risk of yoga or other activity and releases the teacher(s) and Heart & Soul Yoga Cronulla from any liability claims.

I, (please print name), am participating in classes or workshops with Heart & Soul Yoga Cronulla. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical conditions that I am aware of, which would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.

Date

Signature