

Vital Energy Services, Inc.

3510 Hobson Road, Suite 201 - Woodridge, IL 60517

Janet-Lynn Novotny, LMT, LE, 500 RYT

Office: 630-951-8059

www.vitalenergyservices.com janet.novotny@outlook.com

Personal Fitness and Wellness History

Name: _____ Date: _____

Date of Birth: _____ Email Address: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Please list your experience with physical fitness programs: _____

Do you have any physical limitations/health concerns that I should be aware of? _____

What is your current exercise program (if any): _____

Have you ever tried Yoga or Meditation before? _____

What are your primary reasons for taking this Yoga class/session? What are your goals? _____

Janet will be tailoring the classes based on the general needs of the participants. She will not be tailoring any classes to suit one specific students' needs. Her role is to provide classes, information and support in assisting me to understand and to find my own best movement and breathing patterns. My role is to, at all times, be aware and present to the messages that my body is sending me and to avoid any activity and movement that may cause pain, discomfort or apprehension. I agree to honor where my body is at during all classes and to take the care needed to ensure that I am safe at all times. I understand that Janet is not diagnosing, prescribing and treating during these programs or sessions. I agree to consult a health care practitioner about any concern that I have about pain or dysfunction and to advise Janet of such concerns. By participating in these classes, I accept full responsibility for performing only those movements and activities that support and do not jeopardize my health and well being. I understand that participating in these classes carries a risk of injury, as do all physical activities. I agree to hold Janet Novotny harmless from any and all responsibilities for any injury which I may sustain during or as a result of my fitness sessions or classes.

Signature of Participant: _____ Date: _____

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Yoga Classes and Workshops Liability Waiver

This form covers all classes and workshops offered by Janet Novotny of Vital Energy Services, Inc. Please fill out the following making sure you read and initial each paragraph.

I, _____, hereby agree to the following:

That I am participating in Yoga Classes or Workshops offered by Vital Energy Services, Inc. during which I receive information and instruction about healthy and safe practice. I recognize that these classes and workshops may require physical exertion, which may be strenuous and could result in physical injury, and I am fully aware of the risks and hazards involved. _____

I understand that it is my responsibility to consult with a physician prior to and regarding my participations in Classes and Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these Classes and Workshops. _____

I agree to assume full responsibility for any risks, injuries or damages (known or unknown) which I might incur as a result of participating in the program. **I agree to inform my instructor/teacher of any physical limitations, physical discomfort and/or injuries before or during classes**, and I take full responsibility for nondisclosure.

In further consideration of being permitted to participate in Classes, Workshops, Programs & Therapies, I knowingly, voluntarily and expressly waive any claim I may have against Vital Energy Services, Inc. for injury or damages that I may sustain as a result of participating in this program. _____

I have read the above waiver of liability and fully understand its contents. I voluntarily agree to its contents. I voluntarily agree to the terms and conditions stated above. _____

Signature of Participant: _____ Date: _____

If participant is under 18:

As a legal guardian of _____, I consent to the above terms and conditions.

Signature of Participant: _____ Date: _____

Signature of Witness: _____ Date: _____