



OMNI 1 YOGA CENTER

Name: _____

Phone: _____ Birthday: _____

Email: _____

Address: _____

City: _____ Zip: _____

How Did you hear about us? _____

Have you ever practiced yoga/ hot hula/mixxedfit? _____

If yes, how long? _____ What Style(s)? _____

What are you main reasons for practicing yoga/hot hula/mixxedfit? _____

Do you have now, or have you had in the past:

- | | | |
|---|-----------|----------|
| 1. History of heart problems, chest pain, or stroke? | Yes _____ | No _____ |
| 2. High blood pressure? | Yes _____ | No _____ |
| 3. Any chronic illness or condition? | Yes _____ | No _____ |
| 4. Difficulty with physical exercise? | Yes _____ | No _____ |
| 5. Advice from physical not to exercise? | Yes _____ | No _____ |
| 6. Recent surgery (past 12 months)? | Yes _____ | No _____ |
| 7. Pregnancy (or within last 3 months)? | Yes _____ | No _____ |
| 8. History of breathing or lung problems? | Yes _____ | No _____ |
| 9. Muscle, joint, or back disorder? | Yes _____ | No _____ |
| 10. Any previous injury still affecting you in any way? | Yes _____ | No _____ |

Please explain any "yes" answers in detail below or on the reverse side of this form, as well as any additional information you would like to share:

"I affirm that I am in good physical condition and do not suffer from any disability (including but not limited to cardiovascular, musculoskeletal, and respiratory conditions) that would prevent or limit my participation in physically challenging exercise. I fully understand that I may injure myself as a result of my participation in yoga, hot hula, or mixxedfit and I, on behalf of my self, my heirs and assigns, hereby release Omni 1 and instructors from any liability, loss, cost, expenses of damages, now or in the future, including but not limited to: heart attacks, muscle, ligament or tendon strains, sprains, pulls, or tears, joint dislocation, heat exhaustion and all other illness, soreness, or injury, including, those caused by negligence or action of the instructor. I also fully understand that instructors may make hands-on adjustments and it is my responsibility to inform the instructor prior to class if I do not wish physical adjustments to be made on my person. This agreement is governed by California law and any disputes shall be resolved in National City, Ca. I understand that I am signing up for _____ no transfer, no refunds
"By signing below, I hereby affirm that I have read, fully understand and accept the above terms"

Signature _____ Date _____