

Health History Form PLEASE PRINT NEATLY

Name: _____ Date of Birth (Optional): _____

Participating Child's Name if applicable _____ Date of Birth: _____

State/Town: _____ Tel# Cel _____ Home: _____ Work: _____

Neatly Print Email (This is how we mostly communicate.): _____

Emergency Contact Information: _____

How did you hear about Peaceful Presence Studio?

How long have you been practicing yoga?

What do you hope to gain through the practice of yoga?

Please describe your current state of health and indicate any physical conditions (i.e., high blood pressure, physical trauma, etc.) which may affect or be affected by the practice of yoga.

(Use the back of this page if you require more space.)

Please discuss with your yoga teacher any concerns you have regarding your full class participation.

AGREEMENT

“I” below means you and your “participating child who is named above.”

If at any point I have any doubt about my ability to participate in these yoga classes I will consult my medical doctor prior to participation.

I will accept full responsibility for the extent to which I participate. I recognize that I must choose to rest and modify my practice according to my individual needs and capabilities.

I hereby certify that the above information is true and complete to the best of my knowledge and I hereby waive all claims of any nature arising from or out of my participation, against my yoga instructor, this facility, their instructors, officers, affiliates, members and employees, individually or otherwise, for any injuries I or my child may sustain.

Signature: _____ Date: _____