Health History Form PLEASE PRINT NEATLY

Name:	Date of Birth (Optional):			
Participating Child's Nar	ne if applicable	D	Date of Birth:	
State/Town:	Tel# Cel	Home:	Work:	
Neatly Print Email (This	is how we mostly com	municate.):		
Emergency Contact Info	mation:			
How did you hear about 1	Peaceful Presence Stud	lio?		
How long have you been y What do you hope to gair		of yoga?		
Please describe your curr high blood pressure, phys practice of yoga.		• •	•	
(Use the back of this page	if you require more spa	ce.)		

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 voga instructor, this facility, their instructors, officers, affiliates, members and employees, individually or otherwise, for any injuries I or my child may sustain.

I further agree not to form independent yoga, massage or related business relationships with the staff of Peaceful Presence Studio (PPYS), thereby cutting out PPYS. This undermines our efforts and the financial viability of the studio. If I wish to refer clients to the staff I will go through Andrew Kahn LLC rather than making direct referrals to the teacher or therapist. I will uphold the policies of PPYS listed (presently under the home tab) at www.peacefulpresence.com.

Signature: Date: