|  |  |
| --- | --- |
| Name: | Telephone: ( ) |
| Mailing Address: Street | City/Town Postal Code |
| Email: | Birthdate: MM/DD/YYYY |
|  |  |
| May we contact you by email? | Yes No |
| How did you hear about **RLW Yoga**? |  |
| What are your primary goals for this class? |  |
| Please circle the activities you have done. | Yoga Meditation Nia Dance Running |
| What other forms of exercise do you do? |  |

Please check any existing or past conditions:

|  |  |
| --- | --- |
| High blood pressure |  |
| Back/neck pain |  |
| Knee pain |  |
| Low blood pressure |  |
| Hip pain |  |
| Anxiety/depression |  |
| Glaucoma |  |
| Pregnancy (current) |  |
| Low blood sugar |  |

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

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In any physical activity, risk of serious physical injury is possible. Yoga and other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risk of yoga or other activity and releases the **Angela Lavallee** and **RLW Yoga** from any liability claims.  
  
I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name), am participating in classes or workshops with **Angela Lavallee** at **RLW Yoga.** 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 MM/DD/YYYY

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_