

**Zen Jen Yoga – ZOOM INFORMATION SHEET**  
*Please print clearly*

Name: \_\_\_\_\_ Date of birth/Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Text: Y or N

Home  
Address: \_\_\_\_\_

EMERGENCY CONTACT: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> EMERGENCY CONTACT: Name \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



What is your primary GOAL(S) of this class? \_\_\_\_\_

Have you had experience with YOGA in the past? \_\_\_\_\_

Have you had experience with MEDITATION in the past? \_\_\_\_\_

Are you comfortable with / give the Instructor permission to offer various exercise methods, Meditation(s), Guided Meditation(s), energy healing(s), and/or other methods of Yoga Therapy?  
Yes / No

Any comments/concerns? \_\_\_\_\_

Do you have a current exercise program? \_\_\_\_\_ What kind? \_\_\_\_\_

Please circle any current or past conditions: HIGH BLOOD PRESSURE. BACK/NECK PAIN.  
KNEE PAIN. LOW BLOOD PRESSURE. HIP PAIN. ANXIETY/DEPRESSION. GLAUCOMA.  
PREGNANT. LOW BLOOD SUGAR. OTHER – EXPLAIN \_\_\_\_\_

PLEASE LIST ANY OTHER HEALTH CONCERNS, INJURIES, ALLERGIES OR MEDICAL CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_

GETTING THE MOST FROM YOUR ONLINE CLASS & EXERCISE SAFELY

**Yoga and other activity, IS NOT a substitute for medical diagnosis and/or treatment. In any physical activity, risk of serious physical injury is possible. The student assumes the risk of yoga or other activity and releases instructor, Jen Brown aka Zen Jen / Zen Jen Yoga, from any liability claims. Always consult with your physician before beginning any exercise program.**

I, \_\_\_\_\_ (please print name), am participating in private or online: yoga private or group classes, group fitness classes, meditation(s), Energy Healing(s), and/or other Yoga Therapy practices, home activity suggestions, pet meditation(s) or workshops with Jen Brown. I am aware of the physical risks involved with exercise and understand my responsibility to consult with my doctor regarding my participation and have doctor consent to participate. I have no physical limitation(s) or medical condition(s) other than listed above, that I'm aware of, which would prevent me from taking part in online or in-person private yoga, group classes, workshops, or home activity suggestions, and I assume responsibility for any risk or injury I may sustain as a result of my participation.

In consideration of being permitted to participate in any class/session, I knowingly, voluntarily, and expressly waive any claim I may have against Jen Brown / Zen Jen / Zen Jen Yoga / Therapy, or the company, studio owner, property owner(s) or lease holder(s) of the building(s) for injuries or any kind damages that I may sustain as a result of participating in classes or workshops held. I have read and fully understand the above release and waiver of liability and understand its contents. I completely understand that I am responsible for my health, well-being and safety, and it is my responsibility to find a pace that suits me

Prior to setting up for an exercise, yoga or meditation class – make sure the area is free of items that may cause you to trip and fall. This may include carpeting that bunches up, area rugs or loose items on the floor. (Could be our pets, too!) The clearer the space to better – space is needed for movement of the body.

During Restorative Yoga and/or Meditation classes, the use of props may be helpful for relaxation – be safe in your choices.

Listen to your body, only do what it says you can do – these classes are non-competitive and are go-at-your-own-pace – so MODIFY, as needed, where needed.

Always have water available to keep yourself hydrated.

I voluntarily agree to the terms and conditions stated above.

Please ask if you ever have any questions.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**If possible, set up a specific area for yourself to use with each class or session,  
a space you can come back to again and again!**