



## YOGA GYM

### Yoga Waiver & Medical Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Yes	No	<i>Do you or have you experienced any of the following -</i>
		Personal history of heart disease?
		Personal history of thyroid, kidney or liver problems?
		Diabetes or high blood sugar levels?
		Experienced pain or discomfort in your chest?
		Shortness of breath or asthma?
		Dizziness or fainting?
		High or low blood pressure?
		Are you pregnant?
		Bone/Joint pain/Arthritis
		Do you smoke?
		Any current injuries?
		Are you on any medication?
		Do you have any other medical condition that has not been covered?

**It is your responsibility to inform the instructor of limitations before class begins.**

I understand that yoga includes physical movements as well as an opportunity for Relaxation and relief of muscular tension. If I experience any pain or discomfort, I will discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages, which may incur through participation.

In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my doctor's approval to participate. I also affirm that I am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I may have hereafter against Yoga Gym / Tanaz Naoraji, its owners, employees, and instructors.

I have read and fully understand and agree to the above terms of this Agreement and Release a Waiver of Liability. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Under 18 Consent :**

Parent/Guardian Name : \_\_\_\_\_ Signed : \_\_\_\_\_