

Questionnaire and Agreement of Release & Waiver of Liability for Yoga with Kirsten Larson

PLEASE PRINT GENERAL INFORMATION

Name: _____ Date: _____

Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Email Address: _____

Emergency Contact Name: _____ Relationship to you: _____

Emergency Contact Phone: _____

SPORTS/MEDICAL HISTORY

What is your experience with yoga? (circle one) novice intermediate advanced

Describe your physical activity on a typical day: _____

Are you affected by any of the following:

- | | | |
|---|-----|----|
| • Heart problems of any type? | Yes | No |
| • High Blood Pressure? | Yes | No |
| • Glaucoma? | Yes | No |
| • Arthritis or another bone/joint problem? | Yes | No |
| • Diabetes? | Yes | No |
| • Pregnancy? | Yes | No |
| • Other disease or health condition not listed? | Yes | No |

If yes, please describe: _____

RELEASE & WAIVER OF LIABILITY

I agree to the following:

1. The information I have provided above is complete & accurate.
2. I understand that I am participating in yoga conditioning sessions offered by Kirsten Larson, during which I will receive instruction about yoga, health and wellness. I recognize that yoga requires physical exertion that can be strenuous. I am fully aware of the risks involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga conditioning. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in yoga conditioning sessions. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga conditioning sessions. I knowingly, voluntarily, and expressly, waive any claim I may have against Kirsten Larson for injury or damages that I may sustain as a result of participating in the program.

PRINT: First Name: _____ Last Name: _____

Signature: _____