

# Angel Wings & Amethyst Healing House

252 Moriches-Middle Island Rd Manorville, NY 11949

## Yoga Intake Waiver Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Do you currently have or have had a history of any of the following conditions?

Heart Disease YES \_\_\_\_\_ NO \_\_\_\_\_

Shortness of Breath or Chest Pain YES \_\_\_\_\_ NO \_\_\_\_\_ Inhaler? YES \_\_\_\_\_ NO \_\_\_\_\_ (if "yes", please bring it to every class)

High / Low Blood Pressure YES \_\_\_\_\_ NO \_\_\_\_\_ If "Yes" is it under control? YES \_\_\_\_\_ NO \_\_\_\_\_

High Cholesterol Level YES \_\_\_\_\_ NO \_\_\_\_\_

Significant Bone / Joint / Muscle Pain YES \_\_\_\_\_ NO \_\_\_\_\_ Location: \_\_\_\_\_

Back Pain YES \_\_\_\_\_ NO \_\_\_\_\_ History of Spinal Surgery? YES \_\_\_\_\_ NO \_\_\_\_\_ Location? \_\_\_\_\_

Joint Replacement Surgery YES \_\_\_\_\_ NO \_\_\_\_\_ If "Yes" location: \_\_\_\_\_

Smoking YES \_\_\_\_\_ NO \_\_\_\_\_

Abnormal EKG YES \_\_\_\_\_ NO \_\_\_\_\_

Epilepsy or Syncope Episodes YES \_\_\_\_\_ NO \_\_\_\_\_ If "Yes" when was the last episode? \_\_\_\_\_

Diabetes YES \_\_\_\_\_ NO \_\_\_\_\_ Insulin Dependent? YES \_\_\_\_\_ NO \_\_\_\_\_

Glaucoma YES \_\_\_\_\_ NO \_\_\_\_\_

Allergies YES \_\_\_\_\_ NO \_\_\_\_\_ If "Yes" List: \_\_\_\_\_

Any other? Please explain: \_\_\_\_\_

Do you carry medication in the event of a medical emergency? YES \_\_\_\_\_ NO \_\_\_\_\_ If "Yes" please explain: \_\_\_\_\_

How is your mental health? \_\_\_\_\_

### Agreement as Follows:

I \_\_\_\_\_ (Print Name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious and disabling, is always present and cannot be eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the teacher. I will continue to breathe smoothly. I hereby assume all risks of injury to person or damage to property arising from any cause, including theft to personal property and I hereby waive all claims against Angel Wings and Amethyst Healing House Inc.

Yoga is not a safe substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or have hereafter against the instructor or Angel Wings and Amethyst Healing House Inc.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_