



Spiral Space Yoga Gallery HEALTH QUESTIONNAIRE

Date _____

Name _____ Birthday ____/____/____

Email _____ Phone# _____

Emergency Contact Name _____ Relation _____

Emergency Contact Phone# _____

If new to yoga what are your interests, concerns or questions regarding practice?

What is your primary motivation for attending this class/workshop/series?

In what types of exercise, physical activity or stress management do you currently participate?

Do you have any special health concerns or medical conditions we should know about prior to attending this class/workshop/session? (Include current pregnancies, health concerns such as high blood pressure, recent surgeries, injuries or anything that may affect your practice).

What other kinds of workshops/events/would you like to see happen in the future?

Waiver of Liability and Informed Consent

1. I am participating in yoga, aerial yoga classes and/or other wellness classes, programs or workshops offered by Spiral Space LLC. I recognize that this requires physical exertion, may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved.
2. I understand that yoga may help my general well-being but is not considered therapy or a replacement for medical advice from my physician. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga, aerial yoga classes and/or other wellness classes, programs or workshops. I am physically fit and have no medical condition that would prevent my full participation in yoga, aerial yoga classes and/or other wellness classes, programs or workshops. Should my health condition change I will inform Spiral Space LLC teachers.
3. I understand that it is my continuing responsibility to inform Spiral Space LLC of any previous medical conditions, injuries or surgeries prior to my first class and at such other times as I acquire information to the same.
4. If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.
5. I knowingly, voluntarily, and expressly waive any claim I may have against Spiral Space LLC. or the landlord or any premises at which it may operate, for injury or damages that I may sustain as a result of entering or being on the premises or participating in the Programs.
6. I, my heirs, or legal representatives' forever release, waive, discharge, and covenant not to sue or bring legal acts against Spiral Space LLC or the landlord of any premise at which it may operate, for any injury, condition, or death which arises, is caused by or is aggravated by reason of my participation in the Programs.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Print Name _____ Phone# _____

Signature _____ Date _____

*If participant is under 18: As legal guardian of this participant, I consent to the above terms and conditions.

Signature of parent/guardian _____ **PHOTO RELEASE:** I grant permission for Spiral Space Yoga LLC to photograph me (or my child) participating in class for training or marketing purposes and authorize use of those images in other media. **Initials** _____