

# MEDICAL RELEASE & INFORMATION FORM

Name: \_\_\_\_\_ Birthday:     /     /

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     )                      Cell: (     )                      E-mail: \_\_\_\_\_

Please describe any past Yoga experience: \_\_\_\_\_

What do you expect to gain from yoga? \_\_\_\_\_

How did you hear about this Yoga class? \_\_\_\_\_

Occupation: \_\_\_\_\_

## Health Information:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Please describe any health related conditions that you have (or have had in the past) that conceivably could affect your Yoga practice – including, but not limited to: bone, muscle, ligament, tendon problems or injury; heart, lung, high blood pressure, back or neck pain, back or neck injury, epileptic, diabetic or thyroid conditions, pregnancy.

## AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, do hereby state that the above information is true and complete to the best of my knowledge and that I will not hold Yoga Flow or any teacher thereof liable for any mishaps or injuries (physical or otherwise) arising from my participation in a class. I acknowledge that my choice to participate in a class is my complete personal responsibility, and such participation is at my own risk. I further acknowledge that my degree of exertion is by my own choice. On behalf of myself and all others in a legal relationship with me, I hereby release Jill Hadap and all affiliates, from any and all liability for any injury, either emotional or physical, which may occur to me while I am a student at Yoga Flow affiliates. I declare that I have read, understood and agree to the contents of this waiver in its entirety.

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



(Studio Address):  
3131 N Cherry Ave, Tucson, AZ 85719

Phone: 520.321.YOGA (9642)  
Fax: 520.326.FLOW (3569)  
info@yogaflowtucson.com  
www.yogaflowtucson.com