

Yoga Plus LLC – Information Sheet

NAME: _____ **Date of Birth:** _____

ADDRESS: _____

HOME PHONE: (____)-____-_____

CELL PHONE: (____)-____-_____

EMAIL: _____

How did you hear about us? _____

EMERGENCY CONTACT: _____ **RELATION:** _____

HOME:(____)-____-_____ **WORK:**(____)-____-_____ **CELL:**(____)-____-_____

HEALTH INFORMATION:

1) Are you under medical treatment now? Yes _____ No _____

2) Have you ever been hospitalized for any surgical operation or serious illness within the last 5 years? Yes _____ No _____

3) Are you taking any medication including non-prescription medicine? Yes _____ No _____

If yes, what medications(s) are you taking? For what?

I, _____ acknowledge that I am solely responsible for my health, safety and well-being during the fitness sessions that I participate in at Yoga Plus. I agree to inform the instructor or any and all health conditions or ailments that I currently have, or have had in the past that would potentially affect my health, safety and well-being in the fitness sessions that I participate in. I will inform the instructor of any activity or movement that causes pain or discomfort or that I do not feel that I can perform safely. I agree that I will not perform any activity or movement that I believe is likely to cause me injury or health ailment.

I further agree to release and forever discharge my instructor and Yoga Plus LLC from any and all actions, causes of action, claims, demands, losses, damages, cost, medical expenses and expenses associated with any injury relating to my participation in fitness classes at Yoga Plus LLC, regardless of the cause. I also agree to defend, indemnify, and forever hold harmless Yoga Plus LLC as well as its agents and employees including my instructor, against any loss or expense that may be brought by me or on my behalf.

Signature: _____

Date: _____