

MEDICAL RELEASE & INFORMATION FORM
(for participants under 18yrs.)

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? _____

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: _____

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

Date: _____ Signature of Parent/Guardian: _____

(Printed name of Parent/Guardian): _____



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