BromYoga

Health Awareness and Information Form

NAME:

STREET:

CITY: **ST, ZIP:**

EMAIL:

TEL: CELL: **HOME:** **WORK:**

PREVIOUS EXPERIENCE WITH YOGA: WHAT ARE YOU HOPING TO GET OUT OF CLASS?

PHYSICAL/EMOTIONAL CHALLENGES THAT YOU MAY BE WORKING WITH:

ANYTHING ELSE YOU WOULD LIKE ME TO KNOW ABOUT YOU?

HEALTH CARE PROVIDER'S NAME & PHONE:

IN THE CASE OF EMERGENCY, CONTACT NAME & PHONE:

During the class there may be the opportunity for hands-on assistance. This is completely voluntary. Do I have your permission to give you this type of assistance?

Although your form will be kept on file, please remember that it is your responsibility to update me on any changes in your health. Also remember that it is advised that you consult with your health care professional before beginning any program.

Professional Disclosure and General Release

As a professional, I am responsible to provide competent yoga instruction. I am not responsible for insuring the safety of my students beyond this duty to provide competent instruction The undersigned assumes all risk of damage or injury that may occur as a student in my yoga classes, both while attending classes and following instruction at home. In consideration of being accepted as a yoga student, the undersigned releases and discharges Jon Brandi (Brom) from any and all claims, demands, and causes of action of any nature, whether present or future, anticipated or unanticipated known or unknown, that result from the undersigned's participation in yoga classes or practice of yoga outside of class.

_____ _____

Jon Brandi (Brom) Student: Date

Kripalu Yoga Instructor