

**Questionnaire and Agreement of Release & Waiver of Liability for [Your Business Name]**

PLEASE PRINT

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SPORTS/MEDICAL HISTORY**

What is your experience with yoga? (circle one) **novice** / **intermediate** / **advanced**

If experienced, please describe:

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Describe your physical activity on a typical day:

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Please describe any physical conditions or recent surgeries:

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**RELEASE & WAIVER OF LIABILITY**

**I agree to the following:**

1. The information I have provided above is complete and accurate.
2. I understand that I am participating in yoga conditioning sessions offered by **[Your Business Name]**, during which I will receive instruction about yoga, health and wellness. I recognize that yoga requires physical exertion that can be strenuous. I am fully aware of the risks involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga conditioning. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in yoga conditioning sessions. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga conditioning sessions. I knowingly, voluntarily, and expressly, waive any claim I may have against **[Your Business Name]**.

**PRINT:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_