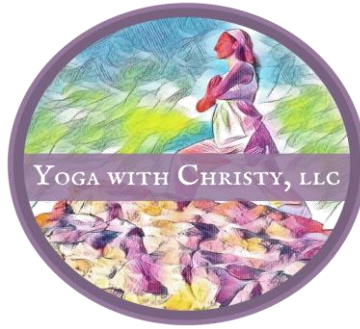


Health Information Form and Release

Date:	
Name:	
Email Address:	
Cell Phone Number:	
Emergency Contact:	
Date of Birth:	
Reason for taking this yoga class:	



In this yoga class, I will be introducing you to traditional yoga postures, as well as other mindfulness/yogic practices such as visualization, progressive relaxation, breathing techniques, positive affirmations, and meditation. By signing below, you understand that all exercise programs involve a risk of injury. In addition, you assert that you are healthy enough to participate in yoga classes and that you have your doctor's permission to do so if you are under medical care.

It is my responsibility as a yoga teacher to provide competent yoga instruction. By signing below, you hereby release Yoga with Christy, LLC from any and all liability for injuries that are not directly and proximately caused by my professional negligence. Your safety is of the utmost importance, and I am here to offer modifications, guidance, and support as needed. I encourage you to do only what feels comfortable. Always take rest when you need it. I am available for questions and assistance before, during, and after class.

I have read, understand, and agree to the content of this Professional Disclosure Form and Release.

Printed Name

Witness

Signature

Date