

# On the Mat | Hatha Yoga Class

## Student Health Information & Waiver

*All student information is kept strictly confidential.*

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime phone : \_\_\_\_\_ Evening phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

Do you have any previous yoga experience?    Yes    No    (No experience is necessary)

If yes, please describe: \_\_\_\_\_

Please check if you have any of the following health concerns or conditions:

Heart disease	Pregnancy	Neurological conditions	
High blood pressure	Herniated disc(s)	Bleeding ulcer	
Glaucoma	Arthritis	Other:	
Detached retina	Osteoporosis		
Diabetes	Circulatory issues		

Please list any recent injuries and/or surgeries (and approximate dates):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I understand that Yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice Yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Santosha, LLC, Aikido Omaha, LLC, or their affiliates, employees, instructors, students, members, or guests. I further release Santosha, LLC, Aikido Omaha, LLC, or their affiliates, employees, instructors, students, members, or guests from any and all acts of negligence.

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