

MYO CENTRE INC.

YOGA INTAKE FORM

Name _____ Date of Birth _____

Address _____ City _____ Postal Code _____

Phone _____ Email _____

Emergency Contact _____ Phone Number _____

What is your Yoga experience?

Please list any injuries / Medical Issues and / or important Medical History:

Please place a check mark if you have the following:

Joint Injuries	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Glaucoma	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>	Low Blood Sugar	<input type="checkbox"/>		

Liability / Student Waiver Agreement

I _____ (print name) 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 and 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 Instructor. I will continue to breathe smoothly. Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. 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 have, against Samantha Musgrave or Myo Centre Inc.

Signature of student, parent, or guardian: _____ Date: _____