

Yoga – Online Participant Information

Full Name:

Age Range: 18 – 30
 31 – 45
 46 – 59
 60+

Have you done yoga before? Yes / No

Do you have any injuries, back problems or movement restrictions? Yes / No

If Yes please give brief details

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Do you have any medical conditions? Yes / No If Yes please give brief details

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You acknowledge and represent that:

- ⤴ *to the best of your knowledge, you suffer from no medical or physical condition or disability that will or might increase the normal risks associated with exercise; [and / or]*
- ⤴ *your doctor has approved your participation in my yoga classes.*

You must inform me, as soon as possible, if:

- ⤴ *you suffer from any [new] injury, illness or other medical condition;*
- ⤴ *you feel any pain or discomfort during a yoga class; or*
- ⤴ *you feel that any exercise included in a yoga class would be unsafe or uncomfortable for you.*

Legal Disclaimer – your participation in these online classes is at your own risk. Please practice in a suitable environment and spacious area.

PRINT NAME (Online):

DATE: