

Small Group Yoga Questionnaire

Name: _____

Address: _____

Phone No.: _____ Email: _____

Birthday: _____ Referral Source: _____

Emergency contact: _____ Phone No.: _____

1. Please list any previous illnesses/injuries/special needs: _____

2. Condition of Body Systems (please use comment section to advise teacher of recent surgeries, problems, etc.):

System/Area	Condition (Check One)		Comment:
	Good	Poor	
Respiratory			
Cardiovascular			
Digestive			
Urinary			
Reproductive			
Musculoskeletal			
Liver			
Gall Bladder			
Throat/Tonsils			
Thyroid			
Vision			
Hearing			
Skin Condition			
Other			

3. Do you have any special or individual needs? _____

4. What do you feel is your level of fitness? _____

5. Do you exercise regularly? Please explain. _____

6. What have your previous experiences with yoga been like, if any? _____

7. What is your reason or motivation for taking yoga? _____

8. Have you ever been advised by a physician NOT to exercise? _____

Yoga Teacher 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 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 Kelly A. Carver, RYT.

Signature of student, parent or guardian

Date