



Breathing Room Center, LLC

Health Intake & Release Form

Name _____ Birth Date ____/____/____

Address _____

Phone _____ Emergency Contact w/phone _____

E-mail _____ How did you find us? _____

New to Yoga? Y/N What types of Yoga have you practiced & when? _____

How would you rate the current state of your health? ___ Poor ___ Average ___ Good ___ Great

List any medical conditions (recent diagnosis/surgeries/pregnancies/medications you take):

All physical activity involves a risk of injury. The following guidelines will help reduce your risk:

- ✓ Listen to the teacher, and follow all instructions carefully
- ✓ Be mindful of your breathing, not holding or straining the breath to attain any position
- ✓ Work gently, respecting your body's abilities and limits
- ✓ Don't perform postures or movements that are painful
- ✓ Menstruating women should avoid inverted poses
- ✓ Pregnant women should consult their health care provider before attending classes
- ✓ Ask the instructor if you are unsure about anything!

By signing, I affirm that I am in good physical condition to participate and agree to irrevocably release and waive any claims against Breathing Room Center, LLC and its instructors. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the state of NJ.

Signature

Date