

Your information is kept confidential and used only for the purposes of understanding your needs as an individual and to reach you in the event of class change or cancellations.

Name _____

Preferred Phone _____ Mobile Home Work

Secondary Phone _____ Mobile Home Work

E-Mail Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

Medical Background

Please check the word that best describes your current state of health:

- Great Good Fair Poor

Are you currently on medication? Yes No

If YES, please describe _____

Are you affected by any of the following?

- | | |
|---|--|
| <input type="checkbox"/> Heart problems of any type | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Detached retina |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Arthritis, bone or joint problem | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Back injury |
| <input type="checkbox"/> Neck injury | <input type="checkbox"/> Knee injury |

If YES, please describe _____

Have you recently...

- | | |
|--|--|
| <input type="checkbox"/> Sought therapy/counseling | <input type="checkbox"/> Had surgery |
| <input type="checkbox"/> Attended physical therapy | <input type="checkbox"/> Become pregnant |

If YES, please describe _____

Please describe in detail any other health or medical conditions that you believe may be helpful for your yoga teacher to know:

Please use this space to ask or voice any concerns relative to your participation in any yoga classes with Leslii Stevens:



Capturing one soul, in movement and art. A truly magical "Living Experience" one breath at a time.

**Instructor: Leslii Stevens
ERYT. YACEP, RMT**

23 Old North Road Hudson, MA 01749
978-760-0927

Release & Waiver of Liability

I agree to the following:

1. The information I provided on this form is complete and accurate.
2. I understand that participating in an exercise class involves risk of injury; I agree to be solely responsible for any injuries sustained by me as a result of my participation in this class or any future classes I take with Leslii Stevens. I am fully aware of my risks involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Yoga class offered by Leslii Stevens. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in Yoga classes. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in Yoga classes. I knowingly, voluntarily, and expressly, waive any claim I may have against Leslii Stevens for injuries or damages that I may sustain as a result of participating in her Yoga classes.
Signed:

Date: _____

