Health Questionnaire

Name:	Last Name:
Phone-Cell:	Home:
Work:	Email:
Address:	
Are there any physical conditions that the injuries/ongoing difficulties.	he teacher/therapist should know about? Please mention past
If you are Pregnant, please inform how many	weeks
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Do you have previous Yoga experience?	
What other kind of activities do you engage in	1?
	ife class; it is the student's responsibility to work at a level that will not eacher on any conditions that you have now and that might develop
Release/Waiver	
inherent risks including but not limited to, phy Yoga Studio accepting this registration/partici I for myself, my heirs, executors, administrate claims, demands, damages, actions or causes to my person or property incurred while practive without limiting the generality of the foregoi workshops or other meetings, notwithstanding teachers. I acknowledge that Abby Yoga Studio and its P by myself or any family member while engage	nents, massage, reflexology, and the yoga studio facilities may involve visical activity which may result in bodily injury in consideration of Abby pation. Ors and assigns, release and hold harmless Abby yoga studio from any of actions arising out of or in consequence of any loss, injury or damage cticing Yoga or receiving holistic treatments at any time or place and ing specifically, while attending or participating in Yoga classes, Yoga g any such servants, agents, employees, visiting-substitute or seasonal Principals and teachers bear no liability for accidents or injury incurred ed in Yoga classes or any other activity on or off the premises. And that signing this document may affect my legal rights, including the
Date From	
and onward for as long as I continue voga stud	dies in the studio or online classes with Abby Yoga Studio.

When form is complete press Submit and form will be emailed to Eileen.