



## Yoga Waiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Participation in yoga includes, but is not limited to, participation in meditation techniques (dhyana), yogic breathing techniques (pranayama), and various yoga postures (asanas). Yoga is an exercise of the entire body - body, mind and spirit - stretching and toning the muscles and joints, the spine and the entire skeletal system. Yoga also works on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience. My signature acknowledges I understand that in Yoga Class I will progress at my own pace. If at any point I feel overexertion, fatigue or uncomfortable, I will respect my body's limitations and I will rest or discontinue yoga practice. By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury and I take that responsibility.

As a licensed Massage Therapist, Rhianna Sanford of Namaste Therapies, also uses bodywork and assisted stretching techniques to facilitate you finding deeper release, understanding of each yoga pose and how to properly and safely practice yoga so as to reduce the possibility of injury or misalignment.

I am fully aware of this risk and hereby release, Rhianna Sanford of Namaste Therapies, and any other instructor who may teach (substitute) from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class. My signature further acknowledges that I shall not now or at any time in the future bring any legal action against, Rhianna Sanford of Namaste Therapies, any other Instructor who may teach yoga practice and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

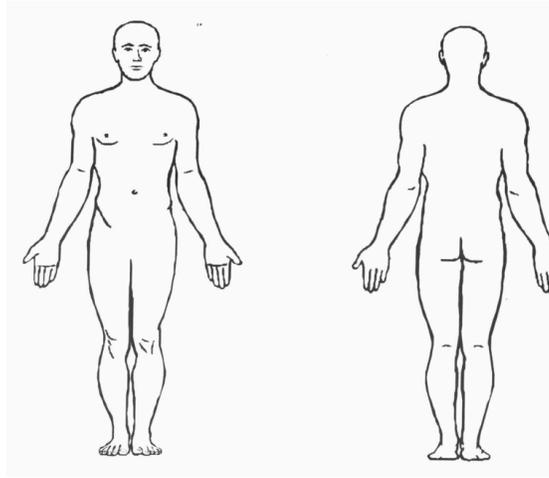
My signature verifies that I am physically fit to participate in yoga and a licensed medical doctor has verified my physical condition for participation in this type of class. If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga at my own risk. My signature is binding to this liability waiver from this day forth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you wish to NOT receive adjustments or be touched in anyway during yoga class please acknowledge here by checking this box.

Please see other side for Confidential Intake





Are you currently experiencing any of the following conditions?

\_\_\_\_\_ Flu or Cold    \_\_\_\_\_ Inflammation    \_\_\_\_\_ Fever    \_\_\_\_\_ Infection    \_\_\_\_\_ Contagious Disease

Please check any of the following conditions below that currently affect you or that you have experienced in the last 5 years.

**MUSCULOSKELETAL**

- \_\_\_ Fibromyalgia
- \_\_\_ Spasms/Cramps
- \_\_\_ Sprains/Strains
- \_\_\_ Osteoporosis
- \_\_\_ Postural Deviations
- \_\_\_ Gout
- \_\_\_ Osteoarthritis/Rheumatoid Arthritis
- \_\_\_ TMJ
- \_\_\_ Cysts
- \_\_\_ Bursitis
- \_\_\_ Plantar Fasciitis
- \_\_\_ Tendonitis
- \_\_\_ Torticollis
- \_\_\_ Whiplash Syndrome
- \_\_\_ Carpal Tunnel Syndrome
- \_\_\_ Sciatica
- \_\_\_ Thoracic Outlet Syndrome
- \_\_\_ Headache
- \_\_\_ Leg Pain
- \_\_\_ Arm Pain/Shoulder Pain
- \_\_\_ Low Back Pain
- \_\_\_ Mid Back Pain
- \_\_\_ Hip Pain
- \_\_\_ Other \_\_\_\_\_

**RESPIRATORY**

- \_\_\_ Pneumonia
- \_\_\_ Sinusitis
- \_\_\_ Asthma
- \_\_\_ Trouble Breathing
- \_\_\_ Dizziness
- \_\_\_ Other \_\_\_\_\_

**CIRCULATORY**

- \_\_\_ Anemia
- \_\_\_ Hemophilia
- \_\_\_ Hypertension
- \_\_\_ Low Blood Pressure
- \_\_\_ Raynaud's Disease
- \_\_\_ Varicose Veins
- \_\_\_ Heart Condition
- \_\_\_ Blood Clots/Phlebitis
- \_\_\_ Diabetes
- \_\_\_ Other \_\_\_\_\_

**DIGESTIVE**

- \_\_\_ Ulcers
- \_\_\_ Irritable Bowel Syndrome
- \_\_\_ Colitis
- \_\_\_ Gallstones
- \_\_\_ Hepatitis
- \_\_\_ Crohn's Disease
- \_\_\_ Diarrhea
- \_\_\_ Gas/Bloating
- \_\_\_ Indigestion
- \_\_\_ Other \_\_\_\_\_

**SKIN**

- \_\_\_ Fungal Infections
- \_\_\_ Acne
- \_\_\_ Impetigo
- \_\_\_ Dermatitis/Eczema
- \_\_\_ Psoriasis
- \_\_\_ Open Wound or Sore
- \_\_\_ Rashes
- \_\_\_ Warts/Moles
- \_\_\_ Athletes Foot
- \_\_\_ Other \_\_\_\_\_

**NERVOUS SYSTEM**

- \_\_\_ ALS
- \_\_\_ Multiple Sclerosis
- \_\_\_ Parkinson's Disease
- \_\_\_ Bell's Palsy
- \_\_\_ Neuritis
- \_\_\_ Spinal Cord Injury
- \_\_\_ Stroke
- \_\_\_ Trigeminal Neuralgia
- \_\_\_ Seizure Disorders
- \_\_\_ Numbness/Tingling/Twitching
- \_\_\_ Other \_\_\_\_\_

**OTHER**

- \_\_\_ Insomnia
- \_\_\_ Anxiety/Panic Attacks
- \_\_\_ PMS
- \_\_\_ Grief Process
- \_\_\_ Cancer
- \_\_\_ Substance Abuse
- \_\_\_ Pregnancy
- \_\_\_ Chronic Fatigue
- \_\_\_ HIV/AIDS
- \_\_\_ Lupus
- \_\_\_ Kidney Disease
- \_\_\_ Bladder Infection
- \_\_\_ Postoperative Situation
- \_\_\_ Edema
- \_\_\_ Other \_\_\_\_\_