Date: _____
Name: _____
Address: _____
City: _____
State: _____Zip: _____
Telephone: _____
E-Mail: _____
Referred By: _____

Gender: _____
Date of Birth:_____

Emergency Contact Info
Name:_____
Telephone: _____

Regular exercise is beneficial to the health in general, however one must be careful about any associated injury risk. Please fill out the form below carefully so that your training and / or yoga program can be properly planned in accordance with your risk profile. Please answer yes or no to the following questions.

Do you have a heart condition to which you should only undertake physical activity recommended by a physician?

When you do physical activity di you feel pain in your chest?

When you are not doing physical activity, have you had chest pain in the past month?

Do you ever loose consciousness or loose your balance due to dizziness?

Do you have a joint or bone problem that may get worse due to physical activity?

Is a doctor currently prescribing medication for your blood pressure or heart condition?

Are you pregnant or post-partum?

Do you have insulin dependant diabetes?

Do you know of any other reason you should not exercise or increase your physical activity?

Are you a man over the age of 45 or a woman over the age of 55? If so, do you have Doctors permission to exercise?

If you answer yes to any one question, please get a medical authorization to undertake training from a doctor.

If you answered no honestly to all questions, you can be reasonably sure that you are fit to undertake the training program.

Note: if you have changes so that you would then answer yes to any of the above questions, please inform your instructor immediately and ask him / her if any change in your training is required.

I have read, understood and completed the questionnaire. Any questions were answered to my full satisfaction. I understand that I will be going through a strenuous physical training routine during which I could get injured. I am voluntarily participating in this training program and take full responsibility of any risks & injury that might result. I agree to waive any claim or right to sue Balanced Living ~ Body, Mind & Spirit, Beverly Huston-Fisher, or any agent, employees, instructors or anybody else associated with the training program for injury to myself as a result of the training activity.

_____ _____
Participants Signature Date Parent / Guardian Signature (if under 18) Date

_____ _____
Witness Name Witness Signature Date

Balanced Living ~ Body, Mind & Spirit
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