

9. Do you suffer from diseases of the heart, lungs, kidneys, and/or liver? YES NO
If yes, please explain.

10. Are you pregnant? YES NO

11. Are you on any medication? YES NO
If yes, please explain.

12. Do you suffer from anxiety or depression? If yes, please explain what may trigger these for you. YES NO

13. Is there anything else concerning your health you should tell your yoga instructor? YES NO

Acknowledgement and Waiver

I declare the above information to be accurate and true. I acknowledge that I understand that Yoga is not a medical procedure, and the Yoga Teacher will not be providing a diagnosis of any medical problems or concerns for which I may have. I understand that Yoga is a process of integration intended to facilitate wholeness, body-awareness and self-awareness. I also understand that I am solely responsible for my health, safety and well-being. I agree that I will inform the Yoga Teacher of any activity or movement which I cannot safely perform, and that I will not perform any activity or movement, which I feel is likely to cause me to injure myself. I agree to hold the Yoga Teacher, harmless from any and all responsibility for any injury which I may sustain during or as a result of my Yoga sessions.

Print Name _____

Signature _____

Date_____

Once completed, please email your form to yogafromthehart@hotmail.com
