

Breathe Within Yoga

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www.breathewithinyoga.com

Yoga Session(s) Waiver Form

Please note: All information on this form is kept confidential

****Please complete all 3 pages****

Participants Information:

Name: _____ Birth date: _____

Address: _____ Postal Code: _____

City: _____ Contact #'s: H) _____ C) _____

Email: _____

Emergency Contact: _____

Emergency Phone #: _____

Have you practiced yoga before? Y / N How long? ____

Styles of yoga practiced: _____

On a scale of 1 (being very inexperienced) to 10 (Excellent / Mastered) how would you rate your current level of ability? ____

What are your reasons for practicing yoga?

- | | |
|--|---|
| <input type="checkbox"/> Stress reduction | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Mental Clarity | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Spiritual Growth | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Overall Wellbeing | <input type="checkbox"/> Managing a illness or injury |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Specify: _____ |
| <input type="checkbox"/> Other Reasons | _____ |
| Specify: _____ | |

Are you currently experiencing any of the following conditions?

- | | |
|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Muscular Injury |
| <input type="checkbox"/> Heart / Circulatory Problems | <input type="checkbox"/> Joint Injury (ankle, knee, hip, etc) |
| <input type="checkbox"/> Neck / Back / Spine Injury | <input type="checkbox"/> Recent Surgery |
| <input type="checkbox"/> Dizzy Spells / Fainting | <input type="checkbox"/> Specify: _____ |
| <input type="checkbox"/> Epilepsy / Seizures | <input type="checkbox"/> Other Medical Condition, Injury or |
| <input type="checkbox"/> Diabetes | Condition Specify: _____ |
| <input type="checkbox"/> Pregnancy | _____ |
| <input type="checkbox"/> Allergies | |
| Specify: _____ | |

Please note any medications you are currently taking? _____

What part(s) of the body would you like to focus on and why? _____

What hurdles do you personally struggle with? _____

Do you meditate? Y/ N How Often? _____

Are you interested in starting or deepening your meditation practice? Y/ N

What would you like to see in your personal practice? _____

Would you like to stay up to date with *Breathe Within Yoga* and subscribe to our Newsletter? Y / N

Please note all email addresses are confidential; I do not share or sell my email addresses.

***Agreement of Release and Waiver of Liability
For Julianne Duffy and "Breathe Within Yoga"***

I _____ hereby agree to the following:

1. I understand that it is my responsibility to consult with a physician prior to and regarding my participation any yoga session(s) individual or group with Julianne Duffy and Breathe Within Yoga. I represent and warrant that I am physically fit and I have no medical condition, which could prevent me from participating.
2. I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which might incur as a result of participating in these session(s).
3. I knowingly, voluntarily and expressly waive any claim I may have Julianne Duffy for any injury or damages that I may sustain as a result of participating in these session(s)
4. Heirs, my legal representatives, forever release, and waive, discharge and covenant negligence or other acts.

I have read the above release and waiver for liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above:

Participants Signature: _____

Participants Name (Printed): _____

Date: _____

If participant is *under 18 a parent's / legal guardian's* authorization is required:

As a parent / legal guardian of _____

I consent to the above terms and conditions.

Parents / Guardian's Signature: _____

Parents / Guardian's Name (Printed): _____