



**Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Emergency contact** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Health History:**

Are there any health issues we should be aware of? Some medical conditions may require adaptations in class. Please advise the instructor of any recent surgeries, injuries or recurring injuries. If you are under a doctor's care, have you been cleared to take yoga classes?

---

**Waiver:**

I understand that this is a voluntary activity. I understand that it is my responsibility to disclose any pre-existing health conditions. I release Marilyn Calver, her associates and independent contractors and Healing Within Acupuncture & Wellness Studio from any liability in the event of injury.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_