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**Two Turtles Yoga**

**Information Form  
Release & Waiver of Liability**

Please respond to the following items as accurately as possible. All information will remain confidential. **Please Print Clearly**

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

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

**Emergency Contact Information**

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

Relationship: \_\_\_\_\_

**Medical History**

Are you currently experiencing any health problems? **Yes/No**

If yes, please describe:

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Are you Pregnant? **Yes/No**

Have you practiced Yoga before? **Yes/No**

What are your reasons for practicing Yoga today?

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### Agreement and Waiver and Release of Liability

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including Yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

**Initials:** \_\_\_\_\_

I, the undersigned, understand and am aware that the teacher will offer assistance with some poses during class. I am aware and understand that at any time I may inform the teacher that I do not wish to be assisted.

**Initials:** \_\_\_\_\_

I, the undersigned, on the behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Two Turtles Yoga, for any injury, loss or damage to my person, property howsoever caused, arising out of or in connection with me taking part in Yoga classes.

**Initials:** \_\_\_\_\_

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Under **18** years of age

**Signature of Parent/Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_