

DeKalb & Sycamore, II
For an appointment
630-915-1469



Body First Myofascial Release Yoga

Registration Form

DATE _____

LAST NAME _____ FIRST NAME _____ MI _____
DATE OF BIRTH _____ GENDER: F _____ M _____

HAVE YOU EVER DONE YOGA? YES ___ DATE _____ NO ___
DO YOU HAVE ANY AREAS OF PAIN, TENSION OR PROBLEMS? _____

WHAT IS YOUR OCCUPATION? _____
DO YOU EXERCISE REGULARLY? YES _____ NO _____ TYPE OF EXERCISE _____

ARE YOU UNDER A DOCTOR, CHIROPRACTOR OR OTHER HEALTH PRACTITIONER'S CARE?
YES _____ NO _____
IF YES, PLEASE DESCRIBE _____

ARE YOU TAKING ANY MEDICATIONS YES _____ NO _____
IF YES, PLEASE LIST _____

HAVE YOU BEEN IN AN ACCIDENT OR SUFFERED INJURIES IN THE PAST TWO YEARS?
YES _____ NO _____
ARE YOU PREGNANT OR NURSING? YES _____ NO _____

PLEASE DESCRIBE ANY CONDITION THAT WOULD PRECLUDE YOU FROM
PERFORMING THE EXERCISES: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:
NAME: _____ PHONE # _____

I understand that the Yoga Instructor does not diagnose illness, disease, or any physical disorder. The Yoga instructor does not prescribe treatment or medications or perform spinal manipulation. Yoga is not a substitute for medical examination or diagnosis. I have, to the best of my knowledge, stated all of my known medical conditions. I take it upon myself to keep the instructor updated on my physical health. I understand that any illicit or sexually suggestive remarks/advances made by me will result in immediate termination of the session. I will be liable for payment of the scheduled appointment.

CLIENT SIGNATURE _____ DATE _____
PRACTITIONER SIGNATURE _____ DATE _____

* Consent for yoga of Minor, by my signature, I hereby authorize the instructor to administer Yoga Instruction to my child or dependent as they deem necessary.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

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Body First Myofascial Release
Yoga

Informed Consent

DATE _____ NAME: LAST _____ FIRST _____ MI _____
ADDRESS _____ CITY _____ STATE _____
ZIP CODE _____ HOME PHONE # _____ WORK # _____ CELL # _____

- A.** I have been informed and acknowledge that in taking the Yoga Class Instruction I do so at my own risk. The Yoga Class has been fully paid for in advance.
- B.** I understand and am aware that strength and flexibility exercises associated with the Yoga Class may be a potentially hazardous activity to some individuals. I am voluntarily participating in these activities.
- C.** I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation. I acknowledge that I have either had a physical examination or been given my physician’s permission to participate, or that I have decided to participate in that activity without the approval of my physician and do hereby assume all responsibility for my participation and activities.

I hereby certify that I have read the contents of this informed Consent and Release of Liability and have received a signed original of the Agreement. I agree to be bound by the reasonable rules and regulations adopted by Bodyfirst Myofascial Release and Yoga and Pilates Plus Unlimited in connection with the use of its facilities and equipment. I agree that the foregoing obligations shall be binding of me personally, as well as upon my family and my heirs, executors, administrators and assigns.

CLIENT SIGNATURE _____ DATE _____

INSTRUCTOR SIGNATURE _____ DATE _____