

PERSONAL HISTORY

NAME _____ DATE OF BIRTH _____ HT. _____ WT. _____

MAILING ADDRESS _____
(STREET/PO BOX) (CITY, STATE, ZIP)

HOME PHONE _____ WORK PHONE _____ OCCUPATION _____

E-MAIL _____ TODAY'S DATE _____

HOW DID YOU FIND OUT ABOUT THIS CLASS? _____

LIST PRESCRIPTION/NONPRESCRIPTION MEDICATION YOU ARE TAKING AND WHAT FOR:

SURGERIES, MAJOR ILLNESSES, CHRONIC CONDITIONS, INJURIES, OR PSYCHIATRIC CARE:

_____ Date: _____
_____ Date: _____
_____ Date: _____

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Glaucoma or detached retina | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Blood Pressure Problems
High or Low (circle one) | <input type="checkbox"/> Allergies (list here) | Other significant conditions
(use back if needed): |



THE CENTERED PLACE

FEATURING SVAROOPA™ STYLE YOGA CLASSES

EMBODIMENT™ ~ YOGA THERAPY

286 BRIDGE ST. PO BOX 1210, WARREN MA 01083 ♦ (413) 436-7374

WWW.THECENTEREDPLACE.COM

Over →

Agreement of Release/ Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in the **yoga classes, health programs, or workshops** offered by THE CENTERED PLACE, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous for some people at some times and, as with any strenuous activity, may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the **yoga classes, health programs, or workshops**. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in the yoga classes, health programs, or workshops.
3. In consideration of being permitted to participate in the **yoga classes, health programs, and workshops**, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, that I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the **yoga classes, health programs, and workshops**, I knowingly, voluntarily, and expressly waive any claim I may have against THE CENTERED PLACE for injury or damages that I may sustain as a result of participating in the programs.
5. I, my heirs or legal representatives forever release, waive, discharge, and covenant not to sue THE CENTERED PLACE for any injury or death caused by his negligence or other acts.

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

(Date)

(Signature of Participant)

If participants are under 18 years of age:

As legal guardian of _____, I consent to the above terms and conditions.

(Date)

(Signature of Guardian)

Witnessed by: _____