



Name:

Email:

Phone Number:

Emergency Contact Name/ Phone Number:

What is your current complaint or biggest challenge right now?

What helps to lessen the complaint?

What makes it worse?

What do you hope to gain by practicing yoga in this therapeutic way?

Is there anything else I should know to help you achieve your goals?

Waiver

Asana (yoga posture) means *posture easily held*. 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.

I affirm that I alone am responsible to decide whether to practice Yoga. I have no medical condition that would prevent me from taking part in Yoga classes, and I assume responsibility for any risk or injury I may sustain as a result of my participation.

I accept that neither the instructor Jill Novak, nor the hosting facility is liable for any injury, or damages, to person or property, resulting in my taking classes. I hereby agree and covenant not to make a claim against, sue or attack the property of Jill Novak Yoga or the hosting facility.

I do hereby certify that the above information is true to the best of my knowledge.

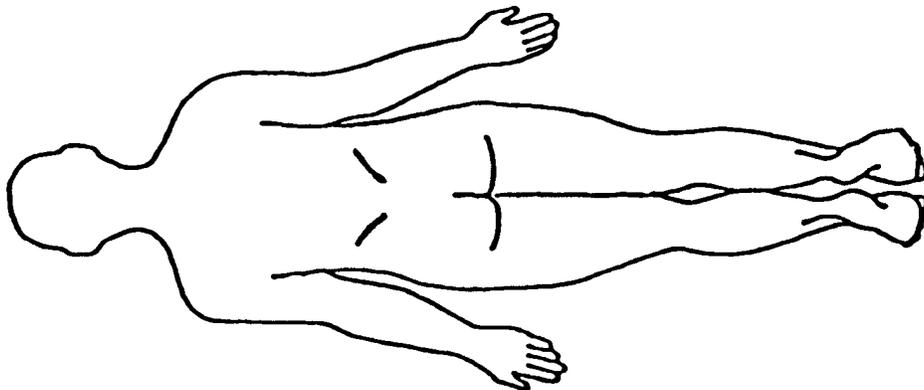
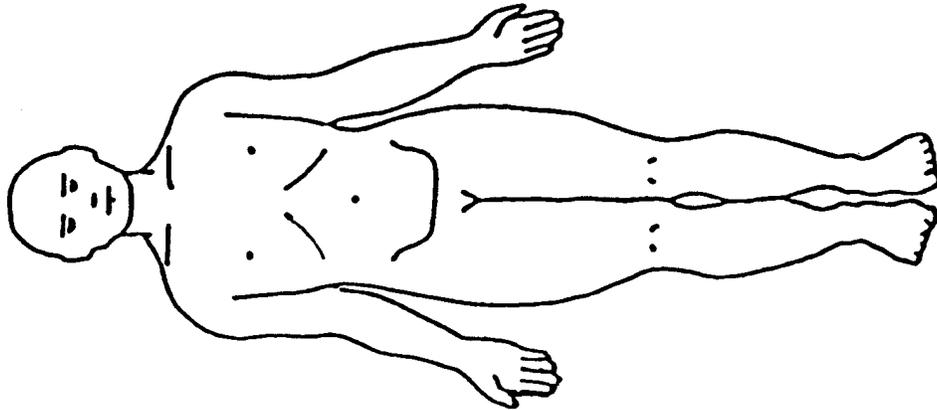
Name (print)

Signature

Date

Name: _____

Colouring time!!!....Please let me know your areas of tension, tightness or pain. Feel free to use the extra space to write your comments.



Please note: All information on this form is kept confidential.