

# The Blackstone Yoga Center

434-292-4608

[www.blackstoneyogacenter.com](http://www.blackstoneyogacenter.com)

NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_ TOWN\_\_\_\_\_

STATE\_\_\_\_ ZIP CODE

PHONE\_\_\_\_\_ EMAIL\_\_\_\_\_

CLASS\_\_\_\_\_ TIME & DAY\_\_\_\_\_

## MEDICAL INFORMATION:

What is your age \_\_\_\_? Please describe your present state of health:

Are you taking any long-term medication? If so, please name the drug and the reason you are taking it.

Please check any of the following that apply to you:

- Chronic sinus condition
- High or low blood pressure
- Heart trouble
- Diabetes
- Recent surgery (name type)  
\_\_\_\_\_
- Hypoglycemia
- Hernia
- Asthma
- Intestinal complications
- Ulcers

- \_ Genito-urinary difficulties
- \_ Arthritis

Past or present allergies (to what?)

Please mention in detail any other health or medical condition that you believe may be helpful for your instructor to be aware of:

Please use this space to inform your instructor of any questions you may have relative to your full participation in this class:

**DISCLOSURE AND RELEASE:**

It is advisable to consult with a physician before participating in any exercise program. You are primarily responsible for your safety and well being.

I do hereby certify that the above information is true and complete to the best of my knowledge. I will assume all risk of damage or injury that may occur as a yoga student. I release and discharge The Blackstone Yoga Center or any of it's instructors from any claims, demands, and actions of any nature that result from my participation in this class.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_