



East Boise

Phone: 208-345-7113

CONFIDENTIAL PERSONAL HISTORY

Today's Date: _____

Day Class Meets: _____ Time Class Meets: _____

Name: _____ Date of Birth: _____ Height: _____ Weight: _____

Address: _____ City: _____ State: _____ Zipcode: _____

E-mail Address: _____ Phone (home): _____ (work): _____ (cell): _____

Emergency Contact/Name: _____ Relationship: _____ Phone (work): _____ (cell): _____

Occasional group emails/newsletters: YES _____ NO _____ Occupation: _____

Experience with stress management techniques, yoga or meditation: _____

Current exercise program: _____

Please list any prescription or non-prescription medications you are taking and what they are for: _____

Please list any history of surgeries, major illnesses, chronic conditions, accidents, injuries or psychiatric care you have had and the approximate dates: _____

What is your primary reason for taking this program/session? _____

How did you hear of this class/yoga therapy session? _____

Please turn this page over, then read and sign Waiver and Assumption of Risks Agreement.



WAIVER AND ASSUMPTION OF RISKS AGREEMENT

The undersigned, being above the age of eighteen, acknowledges, understands, and agrees to release Yoga for Wellness, LLC, its members, employees, teachers, volunteers, independent contractors, and agents (collectively "Yoga for Wellness"), on behalf of myself, my heirs, and personal representatives and estate as follows:

1. That I am participating in yoga classes, health programs or workshops offered by Yoga for Wellness during which I will receive information and instruction about yoga and health. I acknowledge that I am fully aware of the risks and hazards involved. I agree to take full responsibility for my actions.
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, as it relates to any health condition that I may have. I understand that I am responsible for my own health and wellbeing, and that I will be learning to listen to my own body.
3. In consideration of permission to use the property, facilities, and services of Yoga for Wellness, I do hereby release, waive, discharge, and agree not to sue Yoga for Wellness for liability from any and all claims arising from the ordinary negligence of Yoga for Wellness. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from the participation in yoga classes, health programs, workshops, and other activities including, but not limited to, organized activities, classes, observation, and individual use of facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.
4. I agree to hold harmless and indemnify Yoga for Wellness from all claims resulting from negligence and to reimburse them for any expenses incurred by Yoga for Wellness in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or other competent forum determines that Yoga for Wellness is not responsible for the injury or loss.
5. The undersigned further expressly agrees that this agreement is intended to be as broad and inclusive as is permitted by the law of Idaho and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Ada County, State of Idaho.

Signature

Date

If a Minor, Signature of Parent/Guardian