



# Yoga With Elizabeth

## YOGA MEDICAL INFORMATION AND RELEASE FORM

Name.....\*\*\*E-Mail.....

Address.....Phone or Text #.....

D.O.B.....Occupation.....

D / M / YR

Please check any of the following that apply to you:

- Osteoporosis
- Heart Trouble
- Diabetes
- Ulcers
- Arthritis
- Epilepsy
- Depression
- I.B.S./ Crohn's
- Recovery
- High  Low  Controlled Blood Pressure
- Chronic Pain (type/location)\_\_\_\_\_
- Glaucoma
- Headaches/Migraines
- Asthma
- Hernia
- Recent Surgery (type)\_\_\_\_\_
- Allergies (type)\_\_\_\_\_
- Cancer  Cancer Survivor
- Chronic Sinus Condition

Please list any other health of medical conditions that you believe may be helpful for your instructor to be aware of \_\_\_\_\_

Awareness is fundamental to the practice of Yoga. As a professional I am responsible for giving the student proper instruction and example but it is up to the student to take responsibility as to determine the extent and duration of any given posture, you remain responsible for your own safety, well-being and limitations. Yoga is not about strain or pain, it is meditation in motion, honouring any limitations of your body and having compassion for self and others.

### Acknowledgement

I hereby acknowledge that I have read the foregoing and I further acknowledge and agree that I assume full responsibility for any injury or illness which may result as a consequence of practicing yoga. I also acknowledge and agree that Elizabeth Gaal shall not be responsible for any injury or illness which I may suffer in consequence of practicing yoga under the instruction of the above named.

Signature of applicant.....Date.....