



Yoga for Seniors and the Health-Challenged
Janet Rae Humphrey, C-IAYT, C-YFHA, C-IYFS, E-RYT

Student Information Form and Waiver

Name _____ Prefer to be called _____

Street/Mailing Address _____

City _____ State _____ Zip _____

Phone: Home _____ Cell: _____ Text: _____

E-mail _____ Date of Birth _____

Occupation _____ Past or Present: _____

Have you practiced yoga before? _____ How long? _____

What physical activities and/or sports do you engage in? _____

The medical information you provide will only be used by Janet Rae Humphrey and authorized substitute teachers to modify your yoga practice for your particular medical condition(s) and personal safety. The information will otherwise be maintained as private and confidential. It will not be shared with anyone without your express consent.

Please check any conditions that you have been told you have. Add additional information on the back. Certain conditions require modifications to yoga poses.

- Heart diseases High/low blood pressure controlled High/low BP uncontrolled
 Transient ischemic attach (TIA) Stroke? – When _____
 Pace maker When? _____ Heart attack – When? _____
 Asthma COPD Other pulmonary problems _____
 Osteoporosis Osteopenia Bones broken _____
 Have you ever taken long-term prednisone? How long? _____
Surgery: Knee Hips Back Joint Replaced? _____
 Visual impairment Glaucoma Macular Degeneration
 Hearing impaired Memory problems _____

Aside from the above, are you currently under a doctor's care for a medical condition and/or are you taking medications(s) for a chronic illness? _____

If you are experiencing pain, please say where and what it feels like? _____

If you answered "Yes" to any of these health questions, please give details and list the condition(s) and any medications you are taking. Also list all surgeries, injuries, broken bones, torn ligaments, etc. that you have had. Add more pages if necessary.

Condition	Medication(s)
_____	_____
_____	_____

Please list any chronic or previous muscle/joint diseases or injuries, and any specific areas of tension, tightness or discomfort:

How did you find out about this class? _____

Do you have any concerns about doing yoga? _____

What do you want to accomplish through your yoga practice? _____

Waiver of Liability and Release

I, _____, understand that yoga involves some physical exertion and stretching, that may result in physical injury, including, but not limited to, muscle and/or, ligament tears or strains, joint and/or other spinal injury, sprained neck, rotator cuff injuries, straining muscles from over stretching and dizziness. I understand that the chance of physical injury is increased if I have one of the conditions indicated on this form. I also understand that it is advisable to obtain the permission of my physician prior to engaging in yoga training. I agree to assume the risks of engaging in yoga, to be personally responsible for not exceeding my yoga experience level, physical limitations and medical conditions in the practice of yoga, and for any injury or discomfort I might experience in the practice of yoga.

I hereby agree to waive, release, hold harmless, discharge and indemnify Janet Rae Humphrey(JRH) during the on-line classes, from any and all claims for injuries or losses of any kind, including death, that I may sustain, while engaging in yoga training, including those that may arise from the negligent acts or omissions of the Released Parties. I acknowledge and understand that to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. I consent to such contact and recognize that the instructor will apply any necessary contact in a professional manner.

Signature: _____ **Date:** _____