



**Springbank Arts YOGA medical History Form**

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Please list personal hobbies, activities & interests: \_\_\_\_\_

\_\_\_\_\_

What are you hoping to experience during or as a result of taking yoga classes? \_\_\_\_\_

\_\_\_\_\_

Have you ever practiced yoga? If yes, please describe your practice: \_\_\_\_\_

\_\_\_\_\_

Please list accidents, injuries and surgeries you have had, include dates: \_\_\_\_\_

\_\_\_\_\_

Please check any of the following health issues that affect you or may limit you in participating in a group exercise class & please be sure you discuss these issues with the Yoga Instructor:

- |   |  |
|---|--|
| <input type="checkbox"/> Uncontrolled High Blood Pressure | <input type="checkbox"/> Back Problems or Injury     |
| <input type="checkbox"/> Low Blood Pressure               | <input type="checkbox"/> Knee Problems or Injury     |
| <input type="checkbox"/> Detached Retina                  | <input type="checkbox"/> Shoulder Problems or Injury |
| <input type="checkbox"/> Neck Problems or Injury          | <input type="checkbox"/> Hip Problems or Injury      |
| <input type="checkbox"/> Sciatic Nerve Issues             | <input type="checkbox"/> Current Pregnancy           |
| <input type="checkbox"/> Glaucoma                         | <input type="checkbox"/> Other _____                 |
| <input type="checkbox"/> Other _____                      | <input type="checkbox"/> Other _____                 |

TUESDAY

THURSDAY

<i>10:45 am Hatha and meditation all levels</i>	<b><i>CLASS CANCELLED AM AND PM</i></b>

- NO YOGA CLASSES DURING SCHOOL HOLIDAYS.

Please let me know anything about you/ or your family that you would like me to know \_\_\_\_\_

Payment options:

**Casual class participation: \$15.00 for Yoga and meditation classes pay on the day (classes are limited to 8 or less)**

**CASH OR CHEQUE ACCEPTED/ PAYPAL ALSO ACCEPTED TO [gueniemilne@yahoo.com](mailto:gueniemilne@yahoo.com)  
All cheques written to: Guenevere Milne**

**By Direct Deposit: nab BSB: 086 288 ACCOIUNT: 160657271**

**CLASS CAN BE PAID IN MTHLY BLOCKS OF \$60.00 A MONTH.**

**Please send cheque and enrollment form to: Springbank Arts 23 Springbank Close Darlington WA 6070**

**Provide surname as reference if paying by direct deposit.**

**Ph 9252 0697 mob 0409 977 978**

## Springbank Arts Yoga Liability Waiver



Welcome to SPRINGBANK ARTS YOGA. Here is some basic information about the yoga classes Please bring it with you on your first day of class. Please arrive 15 minutes early to your first class and five minutes early to all other classes. It is important that students have time set up their space and settle in before class begins. I look forward to seeing you there. This will be a wonderful journey that I hope all will benefit from! Please sign this waiver as a formality, and remember to take care and caution when ever engaging in any physical activities! It is very rare for injury to occur during yoga, but please work within your own personal limits. Yoga should feel like a stretch, not a strain, so please stop during any posture that feels like it is stressing your bones, ligaments or muscles. Thank you for your interest in SPRINGBANK ARTS YOGA. ENJOY!!!

I \_\_\_\_\_ (print full name) understand that yoga includes physical movements, as well as an opportunity for relaxation, stress re-education, and relief of muscular discomfort and tension. As in the case of most physical activity, the risk of injury, serious or disabling, is always present and cannot be entirely eliminated. Awareness is fundamental to the practice of yoga. It is fully my responsibility as a student to monitor each activity and determine whether it is appropriate for me to participate. I am aware that it is my responsibility to inform the teacher as soon as I feel my safety or well-being is compromised in anyway. By choosing to participate in these programs, I voluntarily assume responsibility of injury.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Classes or Workshops. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against SPRINGBANK ARTS or Guenevere Milne. I agree that SPRINGBANK ARTS and Guenevere Milne shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any group activity or personal session. I affirm that I have read and understand the above statements and voluntarily agree to the terms and conditions stated above.

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(Signature of student, parent or guardian if student is under age 18)

(Date)

Thank you, namaste, and I look forward to our journey together!

Guenevere