Participant Information and Health History

Please fill out completely.

NAME: _____ _____
First Last

ADDRESS: _____ _____ _____ _____
street city state zip

E-MAIL: _____
Please write legibly.

☐ Yes, please add my email to the mailing list (updates about O2 Yoga events and class schedules)

☐ No, Please do not add my email to your mailing list.

PHONE # : _____ mobile / work / home?

DATE of BIRTH: _____

HOW DID YOU FIND OUT ABOUT O2 YOGA STUDIO?:

HAVE YOU EVER DONE YOGA BEFORE?

ARE YOU PREGNANT? DO YOU HAVE ANY INJURIES OR LIMITATIONS WE SHOULD KNOW ABOUT?
(Please inform the instructor as well.)

Please Sign Below:

Informed Consent

I desire to voluntarily engage in a yoga program at O2 Yoga Studio.
I understand the risks involved in participating in this yoga program.
In the event that a medical clearance must be obtained prior to my participation in the yoga program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any yoga program
I understand that I am responsible for monitoring my own condition throughout the yoga classes. If any unusual symptoms should occur, I will cease participation in the activity until medical advice has been acquired.
In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of a yoga program, and that to the best of my knowledge I have presented all relevant health information.
I agree to assume the risk of such exercise, and further agree to hold harmless O2 Yoga Studio or the O2 Yoga Studio's instructors conducting the yoga classes of any and all claims, suits, losses or related cases of action for damages, including but not limited to injury or death, accidental or otherwise during or arising in any way from the yoga program.

_____ ____/____/____
Signature Today's Date

O2 Staff Only:

Amount Paid : $ _____ ☐ Drop in ☐ 2 class card ☐ 2 week unlimited

Reviewed (info correct): ☐ Complete in MindBody Date _____ Paid by: cash check credit card

Comments for unusual circumstances:

(continue on back if necessary)