



Health History Questionnaire

First Name: _____

Last Name: _____

Primary Phone: _____

Date of Birth _____

(please circle) Mobile Home

Day Month Year

Street Address _____ Unit/Appt # _____

City/Town _____ Prov _____ Postal Code _____

Keep up to date with information on our schedule, sales, promotions, workshops, yoga tips and more offered by That Yoga Place and Phoenix Physical Therapy by signing up for our newsletter. You may withdraw your consent at any time. Please refer to our privacy policy or contact us at any time for more details (information will be provided to you).

E-mail: _____

How did you hear about That Yoga Place? Local Newspaper Google Search Driving By

Internet search (browser) Poster/flyer at _____

Referred by another client (put name of client here) _____

Emergency Contact (First & Last Name): _____

Relationship to you: _____ Primary Phone: _____

Have you had or do you presently have any of the following? (Please Circle)

- | | | |
|------------------|---------------------|-------------------------|
| Diabetes | Heart Attack | Low Blood Pressure |
| Seizures | Asthma | Osteoporosis |
| Recent Operation | High Blood Pressure | Severe Allergies: _____ |

Please list any prescription or non-prescription medication (and side-effects), and/or injuries:

Additional notes: _____

Continue on back →

THAT YOGA PLACE

Agreement of Release and Waiver of Liability Contract

I, _____,
(First name) (Last name)

understand and agree to the following conditions:

1. Though the classes offered by That Yoga Place Inc. are instructed by qualified yoga instructors with a 200 minimum hour course completion, the possibility of injury is present. It is my responsibility to consult my physician regarding any health concerns that may negatively affect my participation in any of the classes offered by That Yoga Place prior to participation.
2. I attest that I do not have any medical, emotional, physical and/or psychological condition that would prevent me from safely participating in any class offered by That Yoga Place.
3. When attending a HOT Yoga class, I agree that pre-existing medical conditions including but not limited to high/low blood pressure, angina, Multiple Sclerosis, Diabetes, Lupus, Thyroid conditions and/or pregnancy have been brought to the attention of the yoga instructor prior to participation. Certain medical conditions may put a participant of hot yoga at risk and I agree it is my responsibility to discuss these concerns with a medical doctor.
4. I release and discharge That Yoga Place Inc. , its directors, instructors, and all peripheral staff from any and all liability, claim, demand, or action that I may have resulting from injury, death or damages arising from my participation in the yoga class at the studio, including loss that maybe caused by the negligence of the released party.
5. I release and discharge That Yoga Place Inc., its directors and That Yoga Place instructors from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from That Yoga Place premises.
6. I recognize that this agreement of release and waiver of liability is a legal contract and that by reading it carefully I have complete knowledge of its contents.

I have read this agreement and fully understand its content and meaning, and sign it of my own free will and I am over the age of eighteen.

(Participant Signature) Date: Day Month Year

If the participant **is under the age of 18**, this contract must be signed by a **LEGAL GUARDIAN**.

I, _____, as the legal guardian of _____
(First name) (Last name) (First name) (Last name)

consent to the above conditions and terms.

(Signature of Parent/Guardian) Date: Day Month Year