



# STUDENT WELLNESS HISTORY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Check to receive special offers and updates from **Select Health & Wellness** only....we respect our customer's privacy and will never share your email address or any personal information with anyone, ever.)

MEDICAL HISTORY (Please check any areas of previous or current injury)

- NECK       BACK       SHOULDER       ELBOW
- WRIST  HIP       KNEE       ANKLE

EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please list any other limitations, Injuries, Surgeries or Concerns)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

YOGA HISTORY (If new please list any goals concerns and questions. If practicing please list how long and what style) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT **Select Health & Wellness**? (Please list friend's names so we can thank them!)

\_\_\_\_\_

**Release and waiver of liability**

**In any physical activity, risk of serious physical injury is possible. Yoga is no substitute for medical diagnosis and treatment. Yoga practice and/or specific poses are not recommended for individuals with certain conditions (e.g., cardiac illness, later stages of pregnancy, post-surgery) the student assumes the risk of yoga practice and releases the teacher(s) and *Select Health & Wellness*. from and liability claims.**

.....  
I, \_\_\_\_\_, am participating in yoga classes, or workshops, at *Select Health and Wellness* I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical condition, which would prevent me from taking part in yoga classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

Date \_\_\_/\_\_\_/\_\_\_