



Student Health Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email address _____

Add me to your *Self Care Moments™* Newsletter mailing list. (check here)

Date of birth _____

How did you hear about this program? _____

Emergency contact information:

Name _____ Phone _____

Please list any injuries, illness, surgeries, or medical conditions you have including high blood pressure and chronic aches and pains. This is very important for your safety.

Release of Liability: Please understand that you are fully responsible for your own safety; we can only act as your guide. You know your body's strengths and limitations better than anyone do not push yourself beyond your limits. This is very important! We strongly advise that you seek the advice of your physician before practicing yoga or attending a Self Care Yoga™ course. By signing below, you accept any and all responsibility for, and assume the risk of, any and all injury or damage to your person which might arise either directly or indirectly as a result of your participation in any Self Care Yoga™ programs. And you hereby expressly release, discharge and hold harmless from any liability what so ever, Self Care Yoga™ owners and independent contractors in their private and independent capacities. Please sign below to show that you understand the above statement and agree with these terms and conditions and that all of your information is true.

Signature: _____ Date: _____