



Present Moment Wellness, LLC
Participant Information Form

Name: _____

Address: _____

Email: _____

Would you like to be added to my email list to receive notifications, promotions, newsletter, etc? Yes No (please circle one)

Telephone: _____ Date of Birth: _____

Emergency Contact and telephone number: _____

Please describe any injuries, limitations, medical concerns, areas of pain or discomfort, or current conditions that may play a role in your participation (surgeries, pregnancy, anxiety, depression, etc). Please keep me informed of any changes in any health conditions.

Please briefly describe any previous yoga experiences you have had (style, frequency, etc). It's okay if you haven't practiced yoga previously; I'm glad you're here.

What do you hope to gain or improve by participating in yoga as a component of your wellness lifestyle?



Present Moment Wellness, LLC
Agreement of Release and Waiver of Liability Form

I _____, voluntarily consent to participate in a yoga program or workshop offered by Present Moment Wellness, LLC during which I will receive information about yoga, wellness, or other topics related to health. I recognize that these activities may at times be strenuous and require physical exertion that may cause injury or, in rare cases, may cause dizziness, chest discomfort, nausea, and joint or muscle soreness. In the event that I experience discomfort or pain in my body, I agree to listen to my body, adjusting the posture or breathwork accordingly; I will ask for support from the teacher for modifications. I have been advised and understand that participating in any exercise or conditioning program presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that a medical evaluation is advisable before commencing any exercise or conditioning program. By my participation in any of these activities, I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate without the approval of my physician. I understand that the practice of yoga is not a substitute for medical attention, diagnosis, or treatment. I, my heirs, or legal representatives assume all risks involved and hereby waive, release and forever discharge Present Moment Wellness, LLC, its members, officers, employees and staff from any and all claims, suits, losses or causes of action for damages, injury, disability or death, including claims for negligence, arising out of or related to my participation in any Present Moment Wellness, LLC yoga program or workshop.

I recognize that the practice of yoga is non-competitive and that I will strive to practice with care and awareness to the needs of my body alone. I have read and understand this informed consent and release of liability and it accurately sets forth my intentions and, I voluntarily agree to be bound by its provisions.

PRINT NAME: _____

SIGNATURE: _____

DATE SIGNED: _____