

New Student Questionnaire

NAME

PHONE

ADDRESS (include zip)

email:

Date of Birth

How did you hear about this yoga class?

Have you had or do you have any of the following?:

Auto accident

glaucoma

Asthma

high blood pressure

Arthritis

hearing loss (which ear?)

Cancer

low blood pressure

Diabetes

menstrual pain/discomfort

Fall off horse or other mishap

Please say more about any of these you checked or anything else:

Please answer yes/no or “want to learn more” and add your own comments below:

I walk/swim/bicycle/run or practice yoga at least 3 times a week.

I avoid sugar and caffeine (notice I didn’t say “completely”)

I use journal writing as a stress management tool, or would like to learn more.

Have you taken yoga before? What would you like to get out of this class?

**WAIVER:** I am aware that yoga, like any physical activity, could result in injury. By my participation in yoga classes taught by Diana Woodall or her designate, I agree to take full responsibility for not exceeding my physical capacity and for any injury that might occur as a result of participation in class. I have *fully* informed the instructor of any current or previous medical condition/injury that may affect my participation. I hereby waive any claim I might have at any time against the instructor, Diana woodall, or anyone connected with the premises in any way, for any injury or loss that may occur.

signed \_\_\_\_\_ date \_\_\_\_\_

**refund policy:** Refunds may be requested before the start of the second class of a session. After that, there will be no refunds, except in the case of unusual personal circumstance. If there is more than one weather-related cancellation, the instructor *may* offer a makeup class if she is able to do so.