

Yoga Questionnaire & Consent Form

We treat all information we receive from clients as confidential and do not use the information for any purpose other than to fulfill our obligations to clients. We keep client information secure at all times, and prevent the use and disclosure of it by our employees or any third parties.

Name: _____ Date: _____

Birthdate: _____

Home Phone: _____ Work/Cell: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Physicians Name: _____ Phone: _____

Describe your current physical activity and exercise program:

Describe your previous Yoga/SUP experience:

Health History

Do you have any of the following conditions?

(Please use space on reverse side to elaborate on any conditions checked "yes")

Asthma _____ Arthritis _____ Back Troubles _____

Chest Complaints _____ Diabetes _____ Ear Troubles _____

Eye Troubles _____ Epilepsy _____ Heart Conditions _____

Hernia _____ High/Low Blood Pressure _____ Migraine _____

Should you have any other illness or injury, please indicate so here:

I, _____ give my permission to H2om Floating Yoga Studio Ltd to use any image(s) of myself or my underage (please circle) child(ren) _____ for the purpose of advertising and/or promotions. Including but not limited to Websites, Facebook, Instagram, Titter, published articles online and in print.

Signature: _____ Date: _____

H2om Floating Yoga Studio Ltd Reserves The Right To Refuse Service.