

Personal Health Questionnaire

Name:	Telephone:
Email:	

May we contact you by email?	Yes	No		
What are your primary goals for this class?				
Please circle the activities you have done.	Yoga	Meditation	Dance	Tai Chi
What other forms of exercise do you do?				

Please list any other health concerns, injuries, allergies or medical conditions that may affect your practice today.

In any physical activity, risk of serious physical injury is possible. Yoga and other activity is no substitute for medical diagnosis and/or treatment. The student assumes the risk of yoga or other activity and releases the teacher(s) and Charlotte Woods from any liability claims.

I, _____ (please print name), understand that participating in this class naturally increases the risk of contracting COVID-19 due to being in close proximity with other members of the public.

I, _____ (please print name), am participating in classes or workshops with Charlotte Woods. I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical conditions that I am aware of, which would prevent me from taking part in 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 understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.

Date MM/DD/YYYY

Signature _____