

Student information and Release form
Kristin Harper, M.Ed., MC, ERYT

Name

Address

Phone

E-mail

Emergency contact info

Please answer the following question:

1. Do you have high blood pressure Y or N
2. Do you have glaucoma? Y or N
3. Do you have dizzy or fainting spells? Y or N
4. Do you have any physical condition that may be aggravated by physical activity

5. Are you pregnant Y or N
6. Please list all old, new and/or chronic injuries and surgeries.

7. Do you have any concerns about your participation in yoga class?

It is your responsibility to inform Kristin of any changes in your physical condition that may affect your ability to participate in any of her classes. Initial here _____

I hereby release Kristin Harper from responsibility for any injuries I may receive as a result of participation in this program. I certify I am physically able to safely participate in this program. I certify all above information to be true and I have read and understood this release form. I am legally competent to sign this release form.

Signature _____ Date _____

How did you hear about my classes? _____