

YOGA at the RANCH HEALTH & DISCLAIMER FORM

NAME:

MAILING ADDRESS:

CONTACT PHONE NUMBER:

EMAIL:

Would you like to be on the Amache Studio email list?

EMERGENCY CONTACT with PHONE NUMBER:

Are you in good health?

Do you have any of the following? (Please check)

High Cholesterol

Lung Disease

Back Trouble

Congenital Heart Disease

Fractures

Hernia

Shortness of Breath

Diabetes

Pain in Joints

Epilepsy

Pregnant

Smoker

Low Blood Pressure

Neck Pain

Restless Legs

Headaches

Cramping

Hearing Impairment

If you have checked any of the above, please explain:

Are there other problems, aches, pains you have not listed and what are they. Please explain.

DISCLAIMER: This Yoga student does hereby release, holds harmless and indemnifies the Yoga Instructor of all services and responsibilities regarding the results of potential injury or stress sustained during a yoga instruction session, retreat, workshop or any like instruction.

YOGA STUDENT SIGNATURE:

DATE:

Please make your check out to Amache Studio and send to Karen Voepel, P.O. Box 1510, Lamar, CO 81052. Thank you.