

The Loft Confidential Student Questionnaire and Release

Name _____ Home Phone _____

Address _____ Work Phone _____

City State Zip _____ Cell Phone _____

Email Address _____ Date of Birth _____

1. How did you learn about **The Loft** Classes? _____

2. Have you had Yoga or Meditation classes before? Yes No If Yes, how long have you practiced and what style was taught? _____

3. What physical activities are you involved with at the present time? _____

4. Do you have any past injuries? If so, Please specify: _____

5. Have you had surgery? How long ago? Specify: _____

6. Are you presently under the care of a physician, psychologist, or chiropractor? If so, please state reason:

7. Are you presently taking any medications? If so, please list: _____

8. Do you have any of the following: High/low blood pressure Spinal abnormalities Arthritis Diabetes Allergies Hernia Migraine headaches Visual or Hearing deficient Asthma Heart problems Head, Neck, back pain Physical Disabilities Other – Please Specify _____

9. Are you presently experiencing stress? (Job, family, health, environment, other) Please Specify:

10. What benefits do you expect to gain from this class? (Improved mental, physical, emotional health, stamina, postural alignment flexibility, strength (emotional / physical), weight loss, etc.) Please specify.

I understand that **The Loft** is here to serve me by sharing knowledge of exercise and health. I agree to take full responsibility for not exceeding my personal physical limits in my practice and for any injury I might suffer during my participation in class or any activity with **The Loft**. It is my responsibility to ascertain that there is no reason which would prevent my participation. I acknowledge that the yoga class given is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing strength, flexibility, circulation and energy flow. Because the yoga instructor must be aware of existing conditions, I have stated all my known medical conditions and take it upon myself to keep the yoga instructor updated on my physical health. I waive any claim that I might have at any time for injury of any sort against **The Loft**, its leaseholder, instructors, or any person or entity in any way involved therewith. I have carefully read this release. I fully understand and agree with its contents. All medical information written on this questionnaire remains confidential.

Signed: _____ Date: _____