TRACEYDRAKEYOGA
body · breath · balance

Health Information and Waiver

(All information is strictly confidential. I will never share your information.)

Name:	Telephone: ( )
Mailing Address:	City/Town: Postal Code:
Email:	Birthdate: MM/DD/YYYY
May I contact you by email?	Yes No
How did you hear about Tracey Drake Yoga?	
What are you struggling with specifically right now? (Physically, mentally, emotionally)	
What benefit(s) do you hope to get from practicing yoga?	
What other forms of exercise do you currently do?	
Have you practiced yoga before? If so what style and who with?	

Please check any existing or past conditions, please also indicate if taking medication or other means to help control/alleviate symptoms:

High Blood Pressure		
Low Blood Pressure		
Knee pain		
Hip Pain		
Joint Pain		
Anxiety/depression		
Glaucoma		
Pregnancy (current)		
Low blood sugar		
Other not listed		

Please see over

TRACEYDRAKEYOGA
body · breath · balance

Please list any other health concerns, injuries, trauma, allergies or medical conditions:

Please add any additional information you may wish Tracey to know here:

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 Tracey Drake from any liability claims.

I, _____ (please print name), am participating in classes or workshops either in-person or on-line with Tracey Drake. 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 and to work to my own comfort level. I agree to the terms and conditions stated above.

Date MM/DD/YYYY Signature_____

(705) 927-7505
tracey@traceydrakeyoga.ca

Please see over