

# Niralambaya

## Health Awareness

Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone (h&c): \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, \_\_\_\_\_

Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your physician know you are participating in this exercise program? \_\_\_\_\_

Describe your current exercise program: \_\_\_\_\_

### Check the boxes below that pertain to you either now or in the past and comment below.

<ul style="list-style-type: none"><li><input type="checkbox"/> Cardiovascular disease (heart problems, chest pain, stroke) or history in immediate family</li><li><input type="checkbox"/> Diabetes (Type I or II)</li><li><input type="checkbox"/> Cancer</li><li><input type="checkbox"/> Asthma or difficulty breathing do to Bronchitis or Emphysema</li><li><input type="checkbox"/> Back pain, or any previous injury still affecting you</li><li><input type="checkbox"/> Menopausal (pre, post)</li><li><input type="checkbox"/> Obesity</li><li><input type="checkbox"/> Surgery in the last 12 months</li><li><input type="checkbox"/> History of smoking, alcohol or drugs</li><li><input type="checkbox"/> Other: _____</li><li><input type="checkbox"/> What medications are you on? _____ _____ _____</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> High blood pressure</li><li><input type="checkbox"/> High blood cholesterol</li><li><input type="checkbox"/> Thyroid condition</li><li><input type="checkbox"/> Arthritis</li><li><input type="checkbox"/> Fibromyalgia</li><li><input type="checkbox"/> Joint replacement</li><li><input type="checkbox"/> Osteoporosis</li><li><input type="checkbox"/> Difficulty with physical exercise</li><li><input type="checkbox"/> Advice from physician not to exercise</li><li><input type="checkbox"/> Pregnancy now or within the last 3 months</li><li><input type="checkbox"/> Comments: _____ _____ _____</li></ul>
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### Agreement and Release of Liability

1.) In consideration of being allowed to participate in the classes, training, and workshops presented by Niralambaya at Searles Chapel and School in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Niralambaya, LLC, The Searles Chapel & School, The Town of Windham, NH, and its officers, agents, employees, representatives, executors and all others from any and all responsibility or liabilities from injuries or damages arising out of or connected with my attendance and participation. (Initials: \_\_\_\_\_)

2.) I understand and am aware that Yoga, including the use of props, is a potentially hazardous activity. I also understand that Yoga involves a risk of injury and even death, and that I am voluntarily participating in these activities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and death. (Initials: \_\_\_\_\_)

3.) I do hereby further declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity, or other illness that would prevent my participation in these activities. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to the physical activity and training so that I might have his/her recommendations concerning these fitness activities. I acknowledge that I have decided to participate in activities and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation, activities and utilization of equipment in my activities. (Initials: \_\_\_\_\_)

\*Please note: Eat very lightly before class & wear active, comfortable clothing so you can move & stretch freely.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_