

**Questionnaire and Agreement of Release & Waiver of Liability for
Radius Yoga Conditioning with Dana Santas**

PLEASE PRINT

GENERAL INFORMATION

Name: _____ Date: _____

Nickname/Preferred Name: _____ Birth Date (mm/dd/yy): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Can we add you to the postal & electronic mailing lists? (For occasional announcements and updates — never spam. *Your info is NOT shared!*) yes no

Emergency Contact: _____ Relationship to you: _____

Emergency Contact Phone: _____

How did you hear about Radius Yoga Conditioning?

SPORTS/MEDICAL HISTORY

What is your experience with yoga (circle one)? novice intermediate advanced

If experienced, please describe: _____

Do you play any sports? yes no If yes, please specify: _____

Do you sit at a desk during the day? yes no If yes, how long? _____ hours

Describe your physical activity on a typical weekday: _____

Describe your physical activity on a typical weekend day: _____

Do you belong to a gym? yes no If yes, which one? _____

Do you train with weights? yes no

If yes, describe your weight-training goals and program, including how often you train and what body parts you work: _____

Do you participate in cardiovascular activity as part of your training? yes no

If yes, what type and how often? _____

Are you affected by any of the following

Heart problems of any type?

yes no

High Blood Pressure?

yes no

Glaucoma?

yes no

Blood Pressure greater than 140/90?

yes no

Depression?

yes no

Arthritis or another bone or joint problem?

yes no

Diabetes?

yes no

Pregnancy?

yes no

Any other disease or health condition not listed above?

yes no

If yes, please describe: _____

Are you currently taking any medications? yes no

If so, what ones? _____

Do you take vitamins and/or supplements? yes no

If yes, please list: _____

Have you ever had surgery? yes no

If so, list what type(s) and when: _____

Have you ever broken a bone? yes no

If so, list the bone(s) and when: _____

Do you have any physical abnormalities or medical conditions other than those mentioned above?

Which of your hands is dominant for writing? And if you play a sport that requires sidedness (e.g., batting & throwing in baseball, golf swing) please describe and indicate your dominant side.

Briefly describe what you would like to achieve/experience through a yoga conditioning practice.

RELEASE & WAIVER OF LIABILITY

I agree to the following:

1. The information I have provided above is complete and accurate.
2. I understand that I am participating in yoga conditioning sessions offered by Radius Yoga and Dana Santas, during which I will receive instruction about yoga, health and wellness. I recognize that yoga requires physical exertion that can be strenuous. I am fully aware of the risks involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga conditioning. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in yoga conditioning sessions. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga conditioning sessions. I knowingly, voluntarily, and expressly, waive any claim I may have against Radius Yoga and Dana Santas for injury or damages that I may sustain as a result of participating in the program.

PRINT:

First Name: _____ Last Name: _____

Signature: _____ Date: _____

Return this form in person or e-mail: dana@radiusyoga.com . Please put "New Client Survey" in the subject of your fax cover or e-mail.