

**Questionnaire and Agreement of Release & Waiver of Liability for  
The Banyan Tree – Yoga & Wellness**

PLEASE PRINT

**GENERAL INFORMATION**

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

Birth Date (mm/dd/yy): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

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**SPORTS/MEDICAL HISTORY**

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

If experienced, please describe: \_\_\_\_\_

Describe your physical activity on a typical day: \_\_\_\_\_

Are you affected by any of the following:

- \* Heart problems of any type? Yes No
- \* High Blood Pressure? Yes No
- \* Glaucoma? Yes No
- \* High Blood Pressure? 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: \_\_\_\_\_

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**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 The Banyan Tree – Yoga & Wellness, 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 The Banyan Tree – Yoga & Wellness and Erica Cambarare or any other teacher for injury or damages that I may sustain as a result of participating in the program.

PRINT:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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