



# Release and Health Form

I am aware that Simply Yoga and its instructors are here to serve me by sharing knowledge of Yoga. I recognize that the activities may at times be strenuous, and that I, and not the instructors, Debra Hess or Simply Yoga or any persons associated with Simply Yoga, am responsible for evaluating my own level of fitness.

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

## PLEASE PRINT

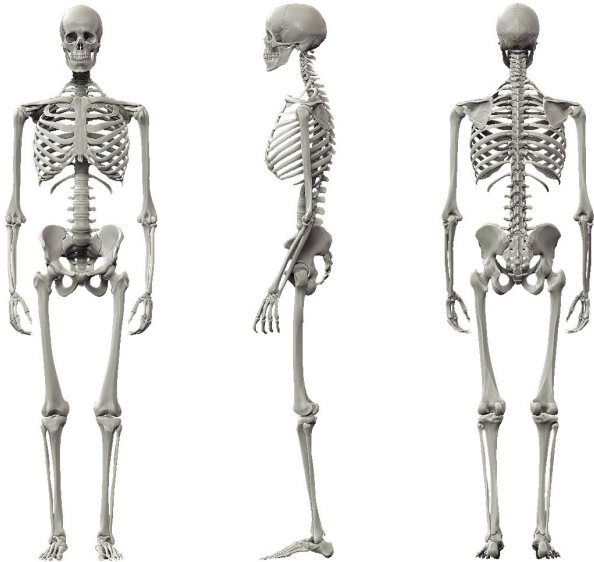
Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about Simply Yoga? 1) Drive by 2) Google search 3) Facebook 4) Other \_\_\_\_\_

Recommended by \_\_\_\_\_ Are You Sensitive to Incense? Yes No



## HEALTH HISTORY

On the skeletons to the left, please **CIRCLE ALL** areas of previous surgery and injury in your lifetime. Then, indicate nearby the diagnosis.

Please list **ALL** areas of common tension & built-up stress in your body \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for your Yoga and/or Meditation practice?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_