



# Yoga Registration

## University of Maryland Integrative Medicine, LLC

Today's Date \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact (name and phone number) \_\_\_\_\_

May we contact you to advise you of upcoming events or new programs?      Yes      No

Have you ever had any bone, muscle or joint condition, which might be aggravated by exercise?  
 Yes      No      If yes, what type of injury/condition occurred & when

Describe any medical treatment you received.

Do you have any restrictions due to this injury?      Yes      No

Are you willing to be very gentle & respectful with yoga postures that may challenge this part of your body?      Yes      No

Do you smoke?      Yes      No

If so, how many cigarettes per day? \_\_\_\_\_

Do you have an asthmatic condition?      Yes      No

Do you drink more than two alcoholic beverages per day?      Yes      No

Do you work to balance any of the following conditions:

High blood pressure?      Yes      No

High cholesterol?      Yes      No

Heart disease?      Yes      No

Weight gain?      Yes      No

*Please continue on reverse side.....*

Some of the more common characteristics of high stress levels are: headache, tension, pressed for time, easily angered, poor sleeping and lack of concentration. Please rate your level of stress from a scale of one to ten, ten being the most stressful. \_\_\_\_\_

Are there any medical conditions not mentioned above for which you are receiving treatment at this time? Yes No

If yes, please list \_\_\_\_\_

**Waiver of Liability ( Must be signed)**

I declare that the information I have given above is true and correct. I understand that there are risks inherent to any exercise program. Such risks include, but are not limited to, risk of slip, trip, fall, personal injury, and health problems, such as cardiac arrest or stroke, any of which could result in serious bodily injury or death, and I willingly and knowingly assume those risks. I knowingly and voluntarily release and hold harmless, for myself and my heirs, Trish Magyari, along with The Center for Integrative Medicine, Integrative Medicine, LLC and Kernan Hospital, it's owners, officers members, agents, employees and insurers, from any claim, liability, demand, action and cause of action whatsoever. I further agree to indemnify Trish Magyari, The Center of Integrative Medicine, Integrative Medicine, LLC and Kernan Hospital and the insurers against any claim, liability demand, action, cost, damages and expenses to which they are or may be liable.

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Date: \_\_\_\_\_