

# Everyday Yoga with Cortney Phillips

## Student Promise

As a student of this yoga class, I will give my highest attention to the well being of myself. I will work with patience & an open mind in the self-discovery process. If I move with care, intelligence, courage, applied safety & self-awareness, injury is unlikely. Should injury occur, Cortney Phillips is absolved of all responsibility. I am fully responsible for the outcome of my yoga practice & participation in this class & I am hereby educating myself to the best of my ability.

I understand that I should report any problems with my health to my doctor/healthcare provider. I will keep my yoga teacher, Cortney Phillips, informed with any changes in my health.

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

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

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

## Student Information

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

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

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

Phone Number: \_\_\_\_\_

Do you have any current/previous injuries or illnesses that I should know about?

Specific Concerns:

Have you had or do you have (please circle):

allergies, arthritis, asthma, blood clots, bursitis, epilepsy, heart trouble, high/low blood pressure, infectious disease, migraine headaches, recent injury, recent surgery, skin problems, spinal injury, are you taking any medication, have you had faint or dizzy spells, diabetes

If you circled any of the above please briefly explain below:

**I attest that the above information is true & correct to the best of my knowledge. I further affirm that the information collected on this release form will only be used for the purposes of this initial interview & general class recommendations. Cortney Phillips is the only person responsible for knowing or using this information collected on this student information sheet.**

## I HAVE READ & UNDERSTAND THE ABOVE STATEMENT

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

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

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