



Consent Form

Name: _____ Date: _____

Date of Birth: _____ Sex: M _____ F _____

Street Address: _____ City?State/Zip _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Email: _____

Do you have any health issues that we should be made aware of? Please explain: _____

How did you hear about Ho-Ho-Kus Yoga? _____

I hereby consent to voluntarily engage in vigorous physical activity, which includes cardiovascular training, strenght training, and stretching activities offered by Ho-Ho-Kus Yoga.

I hereby affirm that I am in good physical condition and do not suffer from any ailment that would be adversely affected by vigorous activity. I affirm that all of the information I have given pertaining to my current health status is trustful and accurate to the best of my knowledge. I acknowledge that I have been informed of the vigorous nature of the exercise program and hereby release Ho-Ho-Kus Yoga LLC from any claims, demands, and causes of action arising from any participation in this program. I understand that i may be asked to provide medical clearance prior to receiving an exercise prescription due to my responses to the health history questionnaire.

I fully understand that there is possibility of muscle soreness, injuries, and in rare cases, death as a result of participating in this program. I understand that it is my responsibility to monitor my own condition throughout each yoga session, and should any unusual symptoms occur, I will cease my participation and inform the Ho-Ho-Kus Yoga staff immediately. I have been informed that the information obtained by the yoga instructors will be treated as privileged and confidential information and will not be released without consent.

I confirm that I have read this form in its entirety, or that it has been read to me if I have been unable to read it, and I understand the risks associated with participating in the yoga classes offered. I also confirm that my questions regarding the program have been answered to my satisfaction. I consent to the conditions of all services and procedures as explained by all program personnel.

Name (Please Print Clearly)

Signature of Participant

Date

Parent or guardian signature (if participant is under 18 years of age) Date

The children will be offered Oreos and my
child/children have my permission to eat them.
Note here if not: _____