

**Hampton Roads
Hypnosis & Meditation, LLC**



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Client Medical Info and Waiver
(All information will be kept confidential)

Name (first & last) : *Please print* _____

E-mail address : _____

Emergency Contact Info: Name _____ Phone No. _____

Do you have any medical conditions that your Yoga instructor should be made aware of? ___ Yes ___ No
If "yes," please specify the nature of these conditions below:

Have you had any recent surgeries? ___ Yes ___ No
If "yes," please specify the nature of these surgeries below:

Do you have any general comments or concerns?
If "yes," please specify below :

Are you pregnant? ___ Yes ___ No
If "yes," please notify your Yoga instructor.

Waiver of Responsibility

By participating in a Yoga class, I agree to accept all responsibility for any and all risks and hazards associated in any way with the class or activity. I will not hold Hampton Roads Hypnosis & Meditation, LLC, or individual Yoga instructors liable in any way for any losses or injuries, and I will not sue or otherwise file a claim against Hampton Roads Hypnosis & Meditation, LLC or individual Yoga instructors in the event of such losses or injuries.

Signature of participant : _____ Date : _____