



## Health History Questionnaire

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

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Home address: \_\_\_\_\_

Emergency Contact (First & Last Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Primary Emergency Contact Phone: \_\_\_\_\_

Have you had or do you presently have any of the following? (Please check):

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Recent Operation          | <input type="checkbox"/> Known Heart Murmur |
| <input type="checkbox"/> Seizures     | <input type="checkbox"/> Heart Attack              | <input type="checkbox"/> Osteoporosis       |
| <input type="checkbox"/> Lung Disease | <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Allergies          |
| <input type="checkbox"/> Arthritis    | <input type="checkbox"/> High / Low Blood Pressure | Please List any other conditions:           |

\_\_\_\_\_

Please list any prescription or non-prescription medication (side-effects):

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

Please list any injuries you have:

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

Have you done Yoga before? Yes / No If yes, what type(s) and for how long?

\_\_\_\_\_

Additional notes: \_\_\_\_\_

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**Agreement of Release and Waiver of Liability Contract**

I, \_\_\_\_\_, understand and agree to the following conditions:

Print: (First Name) (Last Name)

- 1. Though the classes offered by Tamburini Golf Performance Training, LLC are instructed by qualified yoga instructors with a 200 minimum hour course completion, the possibility of injury is present. It is my responsibility to consult my physician regarding any health concerns that may negatively affect my participation in any of the classes offered by Tamburini Golf Performance Training, LLC prior to participation.
- 2. I attest that I do not have any medical, emotional, physical and /or psychological condition that would prevent me from safely participating in any class offered by Tamburini Golf Performance Training, LLC.
- 3. I release and discharge Tamburini Golf Performance Training, LLC, instructors, and all peripheral staff from any and all liability, claim, demand, or action that I may have resulting from injury, death or damages arising from participation in the yoga class at the studio, including loss that maybe caused by the negligence of the released party.
- 4. I release and discharge Tamburini Golf Performance Training, LLC, instructors, and all peripheral staff from any and all liability, claim, demand or action that I may have related to the loss, theft or damage of any of my personal property from Tamburini Golf Performance Training, LLC premises.
- 5. I recognize that this agreement of release and waiver of liability is a legal contract and that by reading it carefully I have complete knowledge of its contents.

I have read this agreement and fully understand its content and meaning, and sign it of my own free will and I am over the age of eighteen.

\_\_\_\_\_  
(Participant Signature) (Date: MM/DD/YYYY)

If the participant **is under the age of 18**, this contract must be signed by a **LEGAL GUARDIAN**.

I, \_\_\_\_\_, as the legal guardian of \_\_\_\_\_  
Print: (First Name) (Last Name) Print: (First Name) (Last Name)

consent to the above conditions and terms.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date: MM/DD/YYYY)