

SoulSpark Journeys, LLC  
PERSONAL HEALTH INFORMATION AND WAIVER OF LIABILITY

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

The purpose of this form is for you to reflect on your health and to let us know of any specific conditions that might affect your ability to participate in yoga and other body-mind practices.

Please check any of the following conditions that apply to you, either now or in the past:

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="radio"/> Chronic sinus condition | <input type="radio"/> High blood pressure         | <input type="radio"/> Heart Problems |
| <input type="radio"/> Diabetes                | <input type="radio"/> Low blood pressure          | <input type="radio"/> Hernia         |
| <input type="radio"/> Asthma                  | <input type="radio"/> Genito-urinary difficulties | <input type="radio"/> Epilepsy       |
| <input type="radio"/> Arthritis               | <input type="radio"/> Hypoglycemia                | <input type="radio"/> Ulcers         |
| <input type="radio"/> Intestinal problems     | <input type="radio"/> Allergies: to what: _____   | <input type="radio"/> Glaucoma       |
| <input type="radio"/> Osteoporosis/osteopenia |   | <input type="radio"/> Pregnancy      |

Back problems. Describe \_\_\_\_\_

Other: Please describe \_\_\_\_\_

Are you currently taking any medication? What is it? For what condition?

In consideration of my participation in class as a student of SoulSpark Journeys, I represent and agree as follows:

1. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the classes or workshops. I represent and warrant that I am physically fit and I have no medical condition or physical impairment, other than that listed below, which would prevent my full participation in the class or workshop.
2. I will faithfully follow all instructions given to me as to when, where, and how to perform and not to perform yoga and related exercise, it being understood that any deviation by me from such instructions shall be at my own risk.
3. I will not hold you responsible for any injuries suffered by me caused in whole or in part by my failure to faithfully follow the instructions given or by any physical impairment of mine not fully disclosed to you in writing below.
4. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions.
5. I understand and acknowledge that I am to receive instruction in yoga and related movement. I knowingly, voluntarily, expressly, and forever release, waive, and discharge any claim I may have against SoulSpark Journey and all teachers associated with SoulSpark Journeys for injury or damages that I may sustain as a result of participating in all classes or workshops.
6. I will do my utmost to listen to my own body's limits in order to keep myself safe in my practice. I hereby certify that the information above is true and complete to the best of my knowledge.

Signed: \_\_\_\_\_

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

YOU HEREBY FULLY, PERMANENTLY AND IRREVOCABLY RELEASE, FOREVER DISCHARGE AND AGREE NOT TO SUE SOULSPARK JOURNEYS, LLC, INCLUDING ANY AND ALL OF ITS SUCCESSORS AND ASSIGNS, ITS AGENTS, MANAGERS, PARTICIPANTS, APPLICANTS, MEMBERS, EMPLOYEES, OFFICERS OR REPRESENTATIVES, AND ANY OTHER PERSONS, ENTITIES, PARTIES, ORGANIZATIONS OR AGENCIES COLLABORATING WITH SOULSPARK JOURNEYS, LLC (COLLECTIVELY, "RELEASED PARTIES"), VOLUNTARILY AND WITHOUT DURESS, FROM ANY AND ALL ACTIONS, SUITS, LIABILITY, CLAIMS, DEMANDS, LOSSES, COSTS AND/OR CAUSES OF ACTION FOR DAMAGES OR OTHER LEGAL OR EQUITABLE RELIEF OF ANY NATURE INCLUDING, WITHOUT LIMITATION, CLAIMS FOR PERSONAL INJURY, EMOTIONAL INJURY, ILLNESS, DISEASE, DEATH, PROPERTY DAMAGE OR OTHER LOSSES, EXPENSES AND/OR DAMAGES (COLLECTIVELY "CLAIMS"), WHICH MAY HEREAFTER ARISE FROM ANY CAUSE WHATSOEVER, INCLUDING, WITHOUT LIMITATION, THAT ARISING FROM YOUR PARTICIPATION IN ANY ACTIVITY OR EVENT SPONSORED, MANAGED, ARRANGED, OR PROMOTED BY, OR OTHERWISE AFFILIATED OR ASSOCIATED WITH SOULSPARK JOURNEYS, LLC, WHETHER OR NOT FORSEEABLE OR CONTRIBUTED TO BY THE NEGLIGENT ACTS OR OMISSIONS OF SOULSPARK JOURNEYS, LLC OR OTHERS.

Signed: \_\_\_\_\_

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