



Health History Form & Liability Waiver

Date of Initial Health History: _____

Update 1: _____

Update 2: _____

Update 3: _____

Update 4: _____

The information requested below will assist us in keeping you safe throughout any & all movement classes. Feel free to ask any questions about the information being requested. Please note that all information provided below will be kept confidential unless allowed or required by law as per PIPEDA (personal information protection & electronic documents act). Your written permission will be required to release any information.

Name: _____ Phone #: _____

Address: _____ Postal Code: _____

Date of Birth: _____ Occupation: _____

Were you referred by anyone? _____

Please indicate conditions you are experiencing or have experienced:

Cardiovascular

- high blood pressure
- low blood pressure
- chronic congestive heart failure
- heart attack
- phlebitis/varicose veins
- stroke/CVA
- pacemaker or similar device
- heart disease
- is there a family history of any of the above? _____

Other Conditions

- Loss of sensation, where? _____
- Diabetes, onset: _____
- Allergies/hypersensitivity, to what? _____
- Cancer, where? _____
- Arthritis
- Is there a family history of arthritis? _____

Do you have or have you experienced pain/discomfort in the following areas?

- Neck
- Low back
- mid back
- upper back
- shoulders
- arms
- legs
- knees
- hips

<input type="checkbox"/> Feet <input type="checkbox"/> Toes Overall, how is your general health? _____ Primary Care Physician: _____ Address: _____ Current Medications: _____ Are you currently receiving treatment from another health care professional? Yes No If yes, for what? _____ Do you have any other medical conditions? Yes No What? _____ Do you have any internal pins, wires, artificial joints or special equipment? Yes No What & where? _____ What is the reason you are seeking Movement Therapy(yoga/functional movement classes): _____ Injury- date & nature: _____ Surgery- date & nature: _____

Please sign this liability waiver before partaking in any classes at Thrive.

1. I am solely responsible for the decision to practice yoga/functional movement and I assume responsibility for any risk or injury that I may sustain as a result of my participation;
2. I am aware of the physical risks involved with exercise and understand that yoga/functional movement is not a substitute for medical attention, examination, diagnosis, or treatment;
3. If, at any time during a class, I feel discomfort, strain, and/or pain, I will come into a modification or pause what I am doing and seek assistance from my instructor. It is my responsibility to consult with a physician regarding any discomfort, strain, and/or pain experience as a result of my participation in a yoga/functional movement class;
4. I am not obligated to perform what my instructor is recommending. As my inner wisdom is of utmost importance, I commit to listening to my body and respecting it's limits every time I participate in a yoga/functional movement class;
5. I am solely responsible for notifying my instructor of my acute and/or chronic illness(es) or injury(ies) before every class;
6. And I will not hold Erin Dolan or ThriveBody liable for any injuries or damages to my person or property caused in whole or in part by participating in classes, my failure to follow the instructions provided, or by any physical impairment that I may have.

Signature: _____ Date: _____
