



## Questionnaire

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Baby's First & Last Name: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Baby's Medical History:**

\_\_\_\_\_ Asthma                      \_\_\_\_\_ Cardiac Problems                      \_\_\_\_\_ Reflux  
\_\_\_\_\_ Spinal Issues                      \_\_\_\_\_ Convulsions                      \_\_\_\_\_ Colic  
\_\_\_\_\_ Bone/Joint Condition                      \_\_\_\_\_ Premature Birth (Orig. due date: \_\_\_\_\_)  
\_\_\_\_\_ Chronic Condition (please specify: \_\_\_\_\_)  
\_\_\_\_\_ Other: \_\_\_\_\_

Has your baby undergone Surgery? \_\_\_\_\_ If so, please detail: \_\_\_\_\_

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

Which medication(s) does your baby receive? \_\_\_\_\_

Reason for use: \_\_\_\_\_

Do you have any health/medical issues that may effect your ability to practice yoga?

\_\_\_ Yes \_\_\_ No If so, please describe: \_\_\_\_\_

Did you have a C-Section? \_\_\_ Yes \_\_\_ No If pregnant, due date: \_\_\_\_\_

Have you practiced Yoga before? \_\_\_ Yes \_\_\_ No

If so, what type and for how long: \_\_\_\_\_

How did you hear about Itsy Bitsy Yoga®? \_\_\_\_\_

What are you and your baby hoping to achieve by participating in this Program?

\_\_\_\_\_



## Release from Liability

In exchange for permission for me and/or for my child to participate in the Itsy Bitsy Yoga® Program and classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and /or guardian on behalf of the minor child identified below, release, discharge and hold harmless the Certified Itsy Bitsy Yoga Facilitator, Blossoming Yogis and Spirit into Life, Inc, d/b/a/ Itsy Bitsy Yoga International, as well as their officers, directors, employees, agents, managers, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in the Itsy Bitsy Yoga program or classes.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the Itsy Bitsy Yoga program and classes.

In the event that I and/or my child become ill or injured during or as a result of participation in the Itsy Bitsy Yoga program or classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and/or the life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

**I have read the above release from liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.**

Full Name of Child (print) \_\_\_\_\_

Legal Guardian / parent's Name (print) \_\_\_\_\_

Legal Guardian / parent's Signature \_\_\_\_\_ Date \_\_\_\_\_