

**YOGA W/ TARRYN LUCAS FITNESS & SUVI MARIKA NORDQUIST**  
**CLIENT INFORMATION AND MEDICAL HISTORY FORM**

NAME.....

DATE.....

ADDRESS.....

SUBURB.....

POSTCODE.....

EMAIL .....

HOME PHONE.....

WORK PHONE.....

MOBILE.....

DATE OF BIRTH .....

RELATIONSHIP STATUS.....

OCCUPATION.....

IS YOUR JOB PHYSICAL / SEDENTARY (PLEASE CIRCLE)

EMERGENCY  
CONTACT.....

CONTACT PHONE.....

ARE YOU CURRENTLY EXERCISING OR PLAYING/DOING OTHER SPORTS?

.....

ARE THERE ANY PHYSICAL OR MENTAL CONDITIONS THAT MAY LIMIT YOUR ACTIVITY OR  
CAUSE YOU ANY HARM WHILST UNDERTAKING EXERCISE?

.....

DO YOU SUFFER FROM OR HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING?  
(PLEASE CIRCLE)

ARTHRITIS.....ASTHMA.....

DIABETES.....EPILEPSY.....

HEART CONDITION..... HIGH/LOW BLOOD PRESSURE.....

DO YOU EXPERIENCE OR HAVE YOU EVER EXPERIENCED? (PLEASE CIRCLE)  
ANY INFECTIONS OR INFECTIOUS DISEASES

.....

BACKPAIN .....

CHEST PAIN/HEART PALPITATIONS

.....

**HAVE YOU BEEN PREGNANT RECENTLY**

.....

**POOR / DISTIRBED SLEEP .....**

**ARE YOU WAKING UP TIRED OR REFRESHED.....**

**DECLARATION**

**IMPORTANT NOTE: If you proceed with this physical activity and, during that period, your health changes please inform us. By signing below, you consent that you are in good health to participate in this activity.**

**Do you allow photographs of these sessions to be published by Tarryn Lucas Fitness and Suva Marika Nordquist? YES OR NO**

I.....  
**HEREBY CONSENT TO TARRYN LUCAS AND SUVI MARIKA NORDQUIST THAT ALL INFORMATION I HAVE PROVIDED ON THIS FORM IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ACCEPT THAT I WILL WAIVE ANY CLAIM OF ANY NATURE AGAINST TARRYN LUCAS/ SUVI MARIKA NORDQUIST FOR ANY ILLNESS, INJURY OR CHANGE IN MEDICAL CONDITION THAT MAY ARISE WHILST ATTENDING OR PARTICIPATING IN ANY EXERCISE PROGRAM, SPORT OR PHYSICAL ACTIVITY.ANY RIGHTS THAT MAY BE GRANTED TO ME BY LAW WHICH ARE NOT CAPABLE OF CHANGE REMAIN UNAFFECTED BY THE TERMS OF THIS AGREEMENT. I UNDERSTAND THAT THERE IS A RISK OF INJURY ASSOSICATED WITH PARTICIPATING IN THIS, AND THEREFORE CERTIFY THAT I AM IN GOOD PHYSICAL CONDITION TO COMMENCE ACTIVITY.**

**SIGNED - CLIENT**

.....DATE.....

**SIGNED – YOGA INSTRUCTOR IN CHARGE**

.....DATE.....

**SIGNED – OWNER/OPERATER TARRYN LUCAS FITNESS**

.....DATE.....