

# PARTICIPANT QUESTIONNAIRE



**Please help us get to know you . . .**

... and serve you best during our time together. You can find a pdf version of the questionnaire and liability waiver at [www.jenmuelleryoga.com/tips-for-new-students.html](http://www.jenmuelleryoga.com/tips-for-new-students.html) Thank you!

**Name(s):** \_\_\_\_\_

Parent or Guardian's Full Name (if student is a minor): \_\_\_\_\_

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

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

**Best phone number for or course communications:** \_\_\_\_\_

**Email:** \_\_\_\_\_

- Please do not add me to Jen Mueller Yoga's email newsletter list
- Please do not share my email address with Hill Center.

**Date of Birth (for all child participants):** \_\_\_\_\_

Which class are you taking?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult Yoga            | <input type="checkbox"/> Tween Yoga (Ages 9-12)                          | <input type="checkbox"/> Tots (crawling - 2 yrs)                     |
| <input type="checkbox"/> Prenatal Yoga         | <input type="checkbox"/> Tykes / Little Families (21 mo-4 yrs w younger) | <input type="checkbox"/> Baby Itsy Bitsy (4 weeks - nearly crawling) |
| <input type="checkbox"/> Family Yoga (Ages 5+) |  |  |
| <input type="checkbox"/> Other: _____          |  |  |

**Have you ever taken yoga before?** If so, when/where/how long? What was your experience like? Please comment on all participants in family classes.

**What are you hoping to achieve by participating yoga class?**

**Do any participants have any health or medical issues that we should be concerned about?**  No  Yes (please describe, along with any other information you'd like to share)

**What is your motivation for taking yoga?** Check all that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Joint Pain       | <input type="checkbox"/> Mental Clarity  |
| <input type="checkbox"/> Flexibility     | <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Fun             |
| <input type="checkbox"/>                 | <input type="checkbox"/>                  | <input type="checkbox"/> General fitness |
- Other: \_\_\_\_\_

**Adult classes only: Do you currently exercise?** If so, please describe.

**How did you hear about this course?**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Hill Center email     | <input type="checkbox"/> Poster/flyer | <input type="checkbox"/> Washington Post or other calendar |
| <input type="checkbox"/> Neighborhood listserv | <input type="checkbox"/> Facebook     | <input type="checkbox"/> Directly from instructor          |
| <input type="checkbox"/> MOTH                  | <input type="checkbox"/>              |  |
| <input type="checkbox"/>                       |                                       |  |
- Other: \_\_\_\_\_

**Emergency Contact**

Who should we call in the case of a medical or other emergency?

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

----- for staff use -----

**Class/Instructor:**

**Date:**

**Payment Information:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Drop-in              |                                      |
| <input type="checkbox"/> Session Registration |                                      |
| <input type="checkbox"/> Registered online    | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Cash                 | (fill out form and notify Jen)       |
| <input type="checkbox"/> Check Number _____   |                                      |



## PHOTO RELEASE AND WAIVER OF LIABILITY

1. I recognize that yoga is a physical practice that may be strenuous and understand that, as with all physical activity, risk of physical injury, even serious or disabling, cannot be entirely eliminated.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my or my child's participation in yoga class. I represent and warrant that I am in good health and physical condition and have no medical condition that would prevent my full participation in yoga class. In addition, I agree to make my instructor aware of any physical or medical condition that might limit my participation, including pregnancy.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in class.
4. I knowingly, voluntarily and expressly waive any claim I may have against Jennifer Mueller or class locations for injury or damages that I may sustain as a result of participating in the yoga class.

**Photos:** I understand that images of myself (or my child) may be captured during yoga class through video, photo, or digital camera. These images may appear in Breathing Space LLC promotional material *unless otherwise specified*. No person whose image is used will be identified by name nor will any compensation extended for such use.

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

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PRINTED NAME OF PARTICIPANT

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SIGNATURE OF PARTICIPANT

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DATE

**For Parents Registering Children for Yoga Classes / Workshops:** I am the parent and/or guardian of the minor child/children for whom I am registering. I have read this release and fully understand its contents, and I have the full right and authority to execute this release and permission.

AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

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SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT

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DATE