

## Brain Injury Yoga Participant Information Sheet.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Date of birth \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

**All information you provide us is confidential. It will help us adapt the yoga exercises to your needs.**

1. When was your brain injury? \_\_\_\_\_

2. In a few words, please describe what happened. \_\_\_\_\_

3. How much and what kind of exercise do you do in an average week?

4. Have you studied yoga before?    YES    NO

What style and for how long? \_\_\_\_\_

5. Do you practice any form of meditation?    YES    NO

6. What do you hope to gain by taking this class? \_\_\_\_\_

7. For Women:

Have you had a child within the last three months?    YES    NO

Are you pregnant?    YES    NO

8. Please describe any limitations to your mobility.

I get around with the use of a:

I live with:

Cane \_\_\_\_\_

Paraplegia \_\_\_\_\_

Walker \_\_\_\_\_

Quadriplegia \_\_\_\_\_

Wheelchair \_\_\_\_\_

Hemiplegia \_\_\_\_\_

Other: please describe \_\_\_\_\_

I have other mobility restrictions (please describe below)

Please list all other physical conditions, limitations, concerns, or injuries.

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9. Check any area where you have pain, problems, or limitations:

Neck \_\_\_\_\_

Shoulders \_\_\_\_\_

Upper Back \_\_\_\_\_

Mid Back \_\_\_\_\_

Lower Back \_\_\_\_\_

Hips \_\_\_\_\_

Knees \_\_\_\_\_

Ankles/Feet \_\_\_\_\_

Other \_\_\_\_\_

10. Is there anything else you would like us to know for the purposes of teaching you yoga?

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**Brain Injury Yoga Class Waiver Form  
Agreement of Release and Waiver of Liability**

I \_\_\_\_\_ agree to the following:

1. I am participating in yoga classes offered by the Wallingford Brain Injury Support Group (a program of the Imaginal Network) and the Brain Energy Support Team (BEST), taught by Janet Novinger, and/or other instructors during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury. I am fully aware of the risks and hazard involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation these yoga classes. I represent that I am physically able to participate in these classes.
3. In consideration of being permitted to participate in the yoga programs, I agree to assume full responsibility for any risks, injuries or damages which I may incur as a result of participating in the classes.
4. In further consideration of participating in yoga classes, I knowingly and voluntarily waive any claim I may have against the Wallingford Brain Injury Support Group, the Imaginal Network, BEST and Janet Novinger and/or other instructors, for any injury or damages that may occur as a result of my participation in yoga classes. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Wallingford Brain Injury Support Group, the Imaginal Network, BEST and Janet Novinger and/or other instructors, for any injury or death caused by my participation.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

If participant is under 18, signature of legal guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_