

# Yoga Retreat Health Declaration Form

Full Name

Date of Birth

Email Address

Phone Number

Emergency Contact Name & Number

Please indicate if you have or have had any of the following:

- ☐ Heart conditions    ☐ High/Low blood pressure    ☐ Respiratory issues    ☐ Recent injuries  
☐ Pregnancy    ☐ Other (please specify below)

If any, please provide details:

Please list any allergies (including food or medication):

Are you currently taking any medications? If yes, please list:

Is there any reason you should not participate in physical activities?

Declaration: I confirm that the above information is correct and complete to the best of my knowledge. I agree to inform the organizers if there are any changes. I understand that participation in the yoga retreat is at my own risk.

Date

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