

Private Yoga Retreat Health Disclosure Form

Full Name

Date of Birth

Email Address

Emergency Contact Name & Relationship

Emergency Contact Phone

Do you have any medical conditions, injuries, or recent surgeries?

Are you currently taking any medications?

Are you pregnant?

Any physical limitations or concerns for yoga practice?

Do you have any allergies (including food, medicine, others)?

What are your goals or intentions for this retreat?

Is there anything else you would like your instructor to know?



I confirm that the information provided is true and complete to the best of my knowledge.