



## Participant Information Form

Welcome to Prairie Yoga.

Please take a moment to complete this confidential form to help us serve you better.

Your personal information will not be shared with anyone outside of Prairie Yoga.

Thank you for your cooperation.

### Your Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### You or your loved one's cancer experience

Name of Person with Cancer:  SELF or Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Primary Cancer Type: \_\_\_\_\_ Cancer Stage: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Primary Oncologist/Cancer Specialist: \_\_\_\_\_

Hospital: \_\_\_\_\_

Treatment Status:  Pre-treatment  Active treatment  Completed treatment during past 18 months

Treatment completed more than 18 months ago  Other

Other family members in household participating in programs

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### **Release and Waiver:**

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the classes/programs/services offered by Prairie Yoga. I am aware that participation in some of these classes/programs/services may require physical exertion and a minimum level of physical fitness. I am voluntarily participating in the classes/programs/services and I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities. In consideration for participation in the classes/programs/services I waive any claims or liability against Prairie Yoga and/or the Prairie Yoga staff/instructors/other participants for injury or damages that I may sustain as a result of my participation. 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.

Participant Name: (please print) \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Parent/Guardian Signature (If participant is under eighteen years old) \_\_\_\_\_

Date: \_\_\_\_\_