

Yoga Hot Spot

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Physician's Statement & Release Form

If you have had surgery, a major illness, or any medical setbacks please have your physician complete this form and hand it in with your other information before you begin your hot yoga program. It is also recommended you see your physician if you have been inactive for two or more years.

Patient:

Physician:

Address:

Phone:

Please check one of the following and thereby indicate your approval or disapproval:

_____ I **APPROVE** of my patients participation without any restrictions.

_____ I **APPROVE** of my patient's participation in this program, but with the following restrictions and/or guidelines:

COMMENTS: