

Yoga Intake

Confidential Information:

Name: _____	Date: _____
Address: _____	Home #: _____
City: _____	Cell #: _____
State: _____	Zip Code: _____
E-mail: _____	DOB: _____

Have you ever practiced Yoga? Yes No

Would you like to be added to my email list? Yes No

What is your intention for participating in Yoga?

List all present physical and mental challenges. Provide a brief synopsis of past physical and mental obstacles.

Please list your surgical history:

Movement Restrictions:

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Medications:

**Please read the following
AGREEMENT OF RELEASE and WAIVER OF LIABILITY
carefully before signing:**

I understand and acknowledge the fact that in yoga, as in other forms of exercise, sports, bodywork, or self-development, there exist certain inherent risks. I voluntarily participate in the yoga instruction with Ed Cardinal. I agree to assume full responsibility for all risks, injuries, or damages of participating in yoga.

I understand that it is my responsibility to consult with my health care practitioner prior to and regarding participation in yoga classes and workshops.
By signing below, I release Ed Cardinal from liability, and hold her harmless for any injury to my person incurred while on the premises at 240 Columbia Street, Wakefield, RI 02879, whether caused by negligence or otherwise.

Participant has read and fully understands the release for liability.

Cancellation Policy

- I would appreciate notice (text is best 401-585-5779) as soon as possible if "life happens" and you need to miss a class (ex. illness or other unexpected emergencies). This will provide a chance for another student to participate in the class.
- If you are running late, still come. Please notify me if you know this will occur.
- You will get credit for missed classes due to illness or other unexpected emergencies toward the next series only.

Date: _____

Print Name: _____

Signature: _____