



FITNESS CENTER COMMUNITY PROGRAMS TRAILS ATHLETIC FIELDS

Everyday Yoga with Sarah INTAKE FORM

Name: _____

Address: _____

Phone #: _____ Email Address: _____

Emergency Contact (Name and Phone Number) _____

Please list any current or past injuries, medical issues, medications, and/or important medical history:

Have you ever practiced yoga before? **YES NO**

If so, what kind and for how long? _____

Why are you interested in practicing yoga? _____

Do you have any goals for your yoga practice? _____

Would you like to receive email updates about yoga classes and workshops? **YES NO**

**** Payment by cash, check, or credit card. Make checks payable to Sarah Thompson. ****

LIABILITY/ STUDENT WAIVER

By signing this document, I (print name) _____ acknowledge that I have voluntarily chosen to participate in a program of progressive physical activity and have been informed of the nature of this program and the potential for any possible, but unusual, physiological results. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible for the decision to practice yoga, assume all risk for my health and wellbeing, and agree to irrevocably release and waive any claims I have now or hereafter may have against the instructor, Sarah Thompson, or facility owner, YCRR, Inc.

Signature of student, parent or guardian

Date