



Date_____

Name_____

Phone_____

Address_____

E-Mail Address (please write clearly) _____

How did you hear about Springdale Yoga?_____

Are you taking any prescription or over-the counter medications prescribed by a medical doctor? YES NO For what condition(s)?_____

Please take time to tell us about any other illnesses, injuries, conditions, problems or symptoms.

___Pregnant YES NO How many months?_____

What do you expect to get from yoga studies with us? _____

Would you like to be put on the Springdale Yoga e-mail list to receive information about special classes, new classes, and more?

_____Yes _____No

Waiver or Release Agreement

I, _____ (Print Name)
understand that yoga and massage includes physical movements as well as the opportunity for relaxation, stress re-education and relief of muscular tension. As in the case in any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust my posture and ask for support from the teacher/therapist. I will continue to breathe smoothly.

Yoga and massage are not a substitute for medical attention, examination, diagnosis or treatment. I understand that yoga and massage are contraindicated and may be unsafe under certain medical conditions. I affirm that I alone am responsible in deciding whether to practice yoga or receive yoga and/or massage therapy. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Springdale Yoga or any Springdale Yoga Instructors/Therapists for medical services arising from my participation in Yoga Classes, Yoga Therapy, Meditation, or Massage Therapy.

Signature of student, parent or guardian

Date

**Thank you for the opportunity to serve you.
We hope you love yoga as much as we do!**