

Yoga Class Health Intake

Name _____ Date _____

Email address _____ Phone # _____

Were you referred by anyone? _____

Have you practiced yoga before? _____

If yes what would you consider your level? please circle **beginner** **intermediate** **advanced**

Do you have any health conditions? _____

Injuries? _____

Are you currently taking any medications? _____

Is there anything else that your yoga instructor should know about your body? _____

Emergency Contact (name, phone, relation) _____

Mission Statement

My mission as a yoga teacher is to hold my students/clients in a safe and non - judgmental space. A space where they can relax out of the mind, deepening into the body, feeling fully supported by the present moment. I will teach proper alignment and support my students to feel safe in their practice. I empower my students to love themselves wholly, listen deeply, and inspire them to take the peace they find in themselves out into to the world.

Liability Waiver and Release

It is my responsibility to inform the instructor of my limitations before yoga class begins. I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the instruction/classes/workshops offered at Aspire Enrichment Center provided by Peaceful Touch LLC. I understand that if I have a known health condition or injury it is my responsibility to consult with a health physician before I began yoga class. As with any physical activity, yoga in this case, and bodywork modalities there may be unwarranted side effects and possible injury. I understand the risks associated with the activities offered by Peaceful Touch LLC and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby WAIVE AND RELEASE Meredith Guthrie and Peaceful Touch LLC from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs/classes offered at Peaceful Touch's studio space Aspire Enrichment Center, including but not limited to, the inside and outside premises/parking lot.

I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, private yoga instruction, or other activities on the premises/parking lot at Aspire Enrichment Center hosted by Meredith Guthrie and Peaceful Touch LLC.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Please practice mindfully and enjoy the many benefits of practicing yoga with Peaceful Touch LLC.

****Signing up for yoga class you have automatically been added to seasonal newsletters and your information will be stored on file. At anytime you may unsubscribe from emails.

Print name: _____

Signature: _____ Date Signed: ____/____/____

If participant is under 18:

As Parent or Legal Guardian of _____ I consent to the above terms and conditions.

Signature: _____

Date Signed: _____

Waiver and Release of Liability of Aspire Enrichment Center LLC, Altitude Martial Arts LLC, and BT Professional Care Services LLC

The undersigned hereby agrees that Meredith Guthrie and Peaceful Touch LLC, is operating independently from Aspire Enrichment Center LLC, Altitude Martial Arts LLC and BT Professional Care Services LLC.

The undersigned also acknowledges and agrees to waiver and release from any liability Aspire Enrichment Center LLC, Altitude Martial Arts LLC and BT Professional Care Services LLC, including but not limited to, the inside and outside premises/parking lot when seeking services rendered at the Center by Meredith Guthrie and Peaceful Touch LLC and that this Waiver and Release is binding on the undersigned including any representatives, heirs or assigns.

Print name: _____

Signature: _____ Date: _____

If under 18:

As Parent or Legal Guardian of _____ . I consent to the above terms and conditions.

Signature: _____ Date signed: _____