



## ALL IS ONE YOGA INTAKE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever practiced yoga before? If so, what kind and for how long?

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to receive emails from Allison with schedule updates:            YES            NO

Emergency Contact (name and number) \_\_\_\_\_

\_\_\_\_\_

### LIABILITY/STUDENT WAIVER AGREEMENT

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation and stress relief. As is the case with 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 the posture, and ask for support from the teacher. I understand that it is my responsibility to consult with my teacher about my limitations before class begins.

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 deciding whether to practice yoga and that I am participating at my own risk. I have read and fully understand and agree to irrevocably release and waive any claims that I have now or hereafter may have against Allison Faust or All Is One Yoga.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date