

Liability Waiver and Client Intake

Acceptance of Responsibility and Waiver of Liability

I acknowledge and agree that I am voluntarily participating in the yoga and/or movement	
workshops offered by, during which I will receive inst	truction and
information about said classes. I recognize that yoga and/or movement requires physical	exertion, which
may be strenuous and could cause injury. I agree to take full responsibility for not exceedi	ing my limits in
the practice of yoga and/or movement and for any injuries or discomfort I might experien	ice in said prac-
tices. I am fully aware of the risks and hazards involved.	
I agree to take care of myself. I understand that it is my responsibility to consult with a ph	ysician prior to
and regarding participation in yoga and/or Pilates classes and workshops. I understand ar	nd accept that to
properly teach and correct yoga and/or Pilates technique, physical contact between stude	ent and instructor
may be necessary. I consent to such contact and recognize that the instructor will apply a	ny necessary con-
tact in a professional manner. I knowingly, voluntarily, and expressly waive any claim I ma	ay have against
for injury or danger that I may sustain as a result of partic	cipating in any
yoga and/or movement classes or workshops. I, my heir(s), or legal representative forever	r release, waive,
discharge, and covenant not to sue for any injury or deat	h caused by their
negligence or other acts.	
I take full responsibility for my personal belongings as well.	
Signed:	
Student Address:	
E-mail address:	
Phone number:	
Emergency contact:	
What would you like to achieve by taking private lessons?	
What have you found most confusing or difficult in your yoga practice thus far?	
What comes easy to you in yoga?	
What is your favorite part of yoga class?	