EAST SAC YOGA INTAKE FORM

Thank you for choosing to become a student of East Sac Yoga. Review and completion of the information below will assist you in getting the most out of your classes and clarify the role of the student and the teacher at East Sac Yoga. All teachers at East Sac Yoga have completed a thorough professional training in yoga instruction and maintain current registry with Yoga Alliance.*

Name:	Date of Birth:	
Address:	City	Zip
**Phone #:	**Email Address:	
How did you hear about Ea	ast Sac Yoga?	
Have you ever practiced You		how long?
_ ·		conditions/history do you have that may impact your ditions below (use back of form if needed):
	and number)	AIVER AGREEMENT
movements as well as an As is the case with any p and cannot be entirely ele	opportunity for relaxation, stres hysical activity, the risk of injury iminated. If I experience any pain othly, adjust the posture, or come	nderstand that yoga includes physical s re-education and relief of muscular tension. y, even serious or disabling, is always present n or discomfort, I will listen to my body, out of the posture into a resting pose and/or
recommended and is not whether to practice yoga hereafter may have again	safe under certain medical condi- . I hereby agree to irrevocably re ast Sandi Russi, any of the teachi	n, diagnosis or treatment. Yoga is not itions. I affirm that I alone am responsible to decid lease and waive any claims that I have now or ng staff at East Sac Yoga and/or East Sac Yoga. I ent thoroughly prior to my signing below.
Signature of student, par	ent or guardian	Date

^{*}Yoga Alliance maintains strict standards of practice, instruction and recommended code of conduct for yoga teachers and schools.

^{**}Contact information used to notify students of emergency class cancellations, workshops, special offers. Email is used to send out regular newsletters; newsletters can be opted out of at any time; email addresses are never shared.