



CONFIDENTIAL

YOGA INTAKE

CURRENT HEALTH

Have you taken a yoga class before? Yes No

If yes, how often do you take classes and type? _____

Are there any injuries we should be aware of? Yes No

If yes, please explain _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain

or other discomfort? Yes No

If yes, please identify _____

Are you pregnant? Yes No What week? _____ What is your experience with yoga prior to pregnancy?

Please explain _____

If pregnant, have you spoken to your health care provider about participating in a yoga class? Yes No

Do you have any particular goals in mind for this yoga session? Yes No

If yes, please explain _____

RELEASE

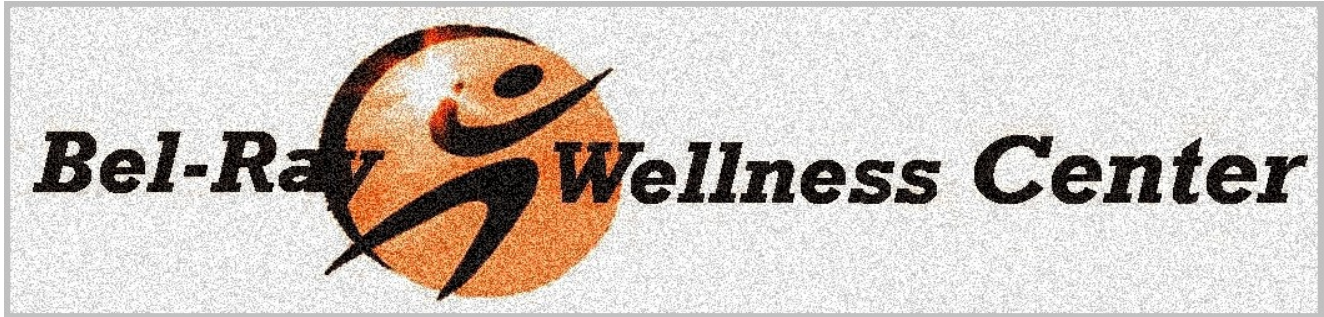
Please read carefully and sign below.

1. Any type of yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks involved. It is my responsibility to consult with a physician prior to and regarding my participation in any yoga class/workshop. I represent and warrant that there are no existing conditions that would prevent me from safe participation in any yoga class/workshop.
2. Instructors may provide physical modifications to assist students in poses during class. It is my responsibility to inform the instructor at the beginning of class if I do not want such physical modifications.
3. I further understand that yoga or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should see a chiropractor, physician or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that yoga instructors are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and nothing said in the course of the session given should be construed as such.
4. I understand that it is up to me to express my needs during the class, and I will listen to my body and respond appropriately by acting according to that which feels safe and comfortable for me.

Consent to Treatment of Minor: By signing below, I hereby authorize the RYT to administer a yoga class or bodywork techniques to my child or dependent as he deems necessary.

I give my permission to participate in yoga classes offered by Bel-Ray Wellness Center

Signature _____ Date _____



48 Hour Appointment Cancellation Policy

Bel-Ray Wellness Center has a 48 hour yoga cancellation / rescheduling policy.

If you miss your appointment, cancel or change your appointment with less than 48 hours notice, you will be charged FULL price of the yoga session.

This policy is in place out of respect for our instructors and our clients due to limited space. Cancellations with less than 48 hours notice are difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from being able to schedule into that time slot.

Additionally, clients need to be present 15 minutes prior to start of class to allow time for check in and to ensure class starts promptly. Once class begins, late entries will not be accepted.

By signing below, you acknowledge that you have read and understand the Cancellation Policy for Bel-Ray Wellness Center as described above.

Yoga Expiration Policy

Any yoga session purchased, single or series , will expire one year from date of purchase. Sessions not used within one year from purchase date will be forfeited.

Thank you for your understanding and cooperation.

Patient Name (printed)

Patient/Guardian Signature

Date