

Yoga off the Square Intake Form

Date: _____

Name: _____ Age: _____ Birth Date: _____

Address/City Zip: _____

Phone: _____

Email Address: _____ would you like to be on our list? **Y/N**

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

How did you hear about us? _____

What is your yoga experience? None:___ Beginner:___ Intermediate:___ Advanced:___

Is there anything we should know about your body?

(Injury, soreness...) _____

Agreement and Liability Release

I hereby stipulate that I am physically sound to participate in yoga, Pilates or body movement program class, workshop, event or activity sponsored by Yoga off the Square LLC, Kirby Auxiliary, Monarch Brewery or Allerton Park. I understand and agree that all exercises and lessons are undertaken at my sole risk. Yoga off the Square, Allerton Park & Retreat Center and representative instructors shall not be liable for injuries or damages to my person or property arising out of or connected with the use of services, classes or facilities at Yoga off the Square or Allerton Park & Retreat Center. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities. I understand that that Yoga off the Square and Allerton Park & Retreat Center are not responsible for personal property I bring to class. I authorize Yoga off the Square or Allerton Park & Retreat Center to call 911 in the event that I appear to require emergency medical care, and I assume responsibility for all associated costs. I understand that payment is due prior to class and that any unpaid classes will be reconciled.

I have carefully read this agreement and understand its contents. I am aware and agree that it is a complete release of liability for any injuries or damage that I may sustain due to programs, classes, workshops, events or activities with Yoga off the Square LLC and its instructors, therapists or representatives.

Signature: _____ Date: _____