



## **CONTACT INFORMATION**

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

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Can text this #?: \_\_\_\_\_)

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## **HEALTH INFORMATION**

List any health concerns, injuries, or allergies (including but not limited to high or low blood pressure, back/neck pain, knee pain, shoulder pain, hip pain, current pregnancy, low blood sugar):

## **RATES & CANCELLATION POLICY**

Rates for private clients and sessions will be determined at the initial meeting and evaluation, but range from \$50-100/session. Sessions can be purchased in “blocks”: one month’s worth (for weekly sessions) or a block of 10 sessions. All block purchases expire 6 months from date of first session used. All purchases are nontransferable and may only be used for the individual(s) for who/whom they were originally purchased.



Sessions are not confirmed in the instructor's schedule until they have been paid for; sessions must be paid for in full at minimum one (1) week in advance.

The instructor must be informed of any cancellations via email or text. Any cancellations with less than 24-hours notice will be charged the full amount for the private class. Exceptions will be made only at the instructor's discretion due to extreme sudden illness or "acts of god." Should the instructor have to cancel, the session will be rescheduled to a time to suit all parties and there will be no charge for the missed session.

By initially here, the client understands, accepts, and agrees to the terms: \_\_\_\_\_

## **LIABILITY**

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. 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, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against the instructor, Rachel Grossman.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law.

Signature & Date: \_\_\_\_\_

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