

**Soulshine LLC-Yoga Intake Form**

Name (first & last): \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever practiced yoga before? \_\_\_\_\_ How long and what type? \_\_\_\_\_

Please list any injuries, medical issues, allergies, and/or important medical history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be added to Soulshine LLC email list to stay up to date on special offers/  
schedules/events in your area? YES NO

Emergency contact (relation, name, and phone number):

\_\_\_\_\_

**LIABILITY/STUDENT WAIVER AGREEMENT**

I \_\_\_\_\_ (print name) understand that yoga/movement includes physical movements as well as an opportunity for relaxation, stress-reduction 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, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Soulshine LLC.

Signature of student/parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_