

**MILWAUKIE WELLNESS CENTER
CONFIDENTIAL YOGA INTAKE FORM**

PLEASE PRINT CLEARLY

Name _____ Mid. _____ Last _____

Address _____ City _____

State _____ Zip _____ Birthdate _____

Work Phone _____ Home Phone _____ Cell _____

Emergency Contact _____ Phone _____

Would you like to be included on our email list? E-mail Address: _____

Are You Taking Any Medications? YES/NO If so, what kind? _____

Do you have any health concerns or physical limitations you want the teacher to know about before the class?

Notice: The practice of yoga is physically challenging. With all physically challenging exercise programs, even for persons in perfect health, there is an inherent risk of injury. You are responsible for ensuring that you do not engage in activities that are incompatible with your level of experience, physical condition, or health concerns. Please consult your personal physician prior to participating in a yoga class, if you have any concerns regarding your health that may limit your ability to participate. If you have any particular physical limitations that prohibit your participation, please discuss them with the instructor prior to the beginning of a program of yoga instruction.

Waiver of Liability: In consideration for receiving yoga instruction, the undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, or wrongful death against David Mealey, D.C., The Milwaukie Yoga Studio, or any other agent, employee for any said causes of action whether the same shall arise by the negligence of any said persons, or otherwise.

It is the intention of the below signed named student by this instrument to exempt and relieve David Mealey, D.C. and The Milwaukie Yoga Studio, from liability for personal injury, property damage or wrongful death caused by negligence.

By signing below I acknowledge that I have read the above waiver of liability and I understand it and that I agree to abide by its terms.

Signature _____ Date _____