

FOR OFFICE USE ONLY

Date: _____

Program: _____ Card #: _____

QUESTIONNAIRE AND HEALTH FORM

Name: _____ Date: _____

Street Address: _____ M/F: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: (Please print) _____ Cell Phone: _____

Would you like to receive an email newsletter from us? If so, please include email address above

Name of class you are taking here today: _____

How did you find out about Sacred Rivers Yoga? _____

Do you have a diagnosis by a physician? If so, explain: _____

Are you taking any medications at this time? If so, explain: _____

What types of exercise or physical activities do you participate in and how often? _____

Do you have previous experience with yoga? If so, explain: _____

Do you have any medical condition which might prevent you from exercising or participating in physical activities?

If so, explain: _____

In the event of emergency, please give the name and phone of someone to contact:

Why have you come to this yoga class? Please explain briefly: _____

Sacred Rivers Yoga Policies & Procedures

Pricing: Yoga classes are \$16.00 per class, drop in rate. Package of 10 classes is \$136.00. Classes must be used within a 3 month period of the purchase date. Package of 30 classes is \$321.00. Classes must be used within a 5 month period of the purchase date. Package of Unlimited classes is \$150.00 per month. EFT (electronic funds transfer; 12 month commitment) is \$125 per month. Annual membership (unlimited year) is \$995.00 Series classes are individually priced ~ there are no refunds after the first class of each series. Cash refunds are not given. Packages may be exchanged for other Sacred Rivers Yoga classes or workshops.

Class Cancellations: Classes may be cancelled due to inclement weather. Announcements will be made on local radio and television stations and on Sacred Rivers Yoga voicemail. Make up classes will be offered for all series classes at the end of the series, but make up classes will not be offered for ongoing classes. Classes may also be permanently dropped from the schedule due to limited attendance. Updated class times are available online at www.sacredriversyoga.com or by calling 860-657-9545. We will make every effort to inform students of schedule changes.

Instructor Substitutions: We reserve the right on rare occasions to provide a substitute instructor if the scheduled instructor is not available.

Policy: There are no make up classes or refunds given for student absences unless there are extreme extenuating circumstances such as serious illness or accident. In such cases credit for classes will be issued.

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:
Name of Participant

1. That I am participating in the Yoga or Pilates Class, Health Program or related Workshop offered by Sacred Rivers Yoga, LLC (“Sacred Rivers”) during which I will receive information and instruction about Yoga and Health. I recognize that this requires physical exertion which may be strenuous and may cause physical injury and/or side effects from injury and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any Yoga Class, Health Program or related Workshop (collectively referred to as “Activity”). I represent and warrant that I am physically fit and that I have no medical condition which would prevent my full participation in any Activity in which I participate. I understand that it is my responsibility to ascertain that I am capable of participating in any such Activity, and that I should continue to keep Sacred Rivers fully informed of any physical or other condition or disability which would prevent or limit my participation in any Activity.

3. In consideration of being permitted to participate in any Activity that I sign up for, I AGREE TO , AND, I ASSUME FULL RESPONSIBILITY FOR ALL RISKS, INJURIES OR DAMAGES, KNOWN OR UNKNOWN, WHICH I MIGHT INCUR AS A RESULT OF PARTICIPATING IN ANY SUCH ACTIVITY.

4. In consideration of being permitted to participate in any Activity that I sign up for, I hereby fully and forever release and hold harmless Sacred Rivers, its employees, owners, and agents (collectively called the “Releasees”) from and against any and all liability to me, my heirs executors, personal representatives, administrators and/or assigns, for any and all claims, demands, causes of action, losses and damages of any kind whatsoever on account of any injury including loss, injury, death or damage to my person and/or any property or to any other person and/or their property, caused or alleged to be caused by any action or inaction of any of the Releasees. I hereby waive any right to sue any of the Releasees for any injuries or damages I may incur whether known or unknown resulting from my participation in any Activity.

5. I understand and agree this document is to be binding on myself, my heirs, personal representatives, executors, administrators and assigns.

6. I AGREE TO DISCUSS ANY HEALTH RESTRICTIONS, QUESTIONS OR CONCERNS WITH THE INSTRUCTOR PRIOR TO ANY CLASS, PROGRAM OR WORKSHOP IN WHICH I AM ENROLLED.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____ Signature of Participant: _____

IF THE PARTICIPANT IS UNDER 18 YEARS OLD:

As Parent or Legal Guardian of _____, I consent to the above terms a
Name of Participant
and conditions.

Date: _____ Signature of Participant: _____