



Client Information

Name: _____

E-Mail: _____

Phone(s): _____

MailingAddress: _____

City, State, Zip _____

Emergency Contact, name & phone number _____

Therapeutic Needs, Injuries, Health Concerns/Issues?

Name a few results you're looking for from yoga: _____

How did you hear about Toula Yoga? _____

Liability and Waiver Agreement (under 18 yrs have your parents fill out your form please)

I,(print name please)_____ understand that yoga includes physical activity as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. As with any physical activity there is a risk of injury, even serious or disabling. If I experience any pain, I will listen to my body, stop the activity or posture and ask for support from the teacher. Yoga is not a substitute for medical attention or treatment. I affirm that I, alone, am responsible to decide whether or not to practice yoga. I hereby agree to irrevocably release and waive any claim that I have now or in the future against Toula Yoga Studio, LLC, or any of its' teachers.

Signature _____ Date _____