

Intake Form – Sarah Kleiner Yoga – Private Client

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Emergency Contact – Name & Number: _____

Are there any injuries or medical conditions (high blood pressure, surgeries, medical restrictions) I need to be aware of?

What would you like to get out of your yoga practice?

Any questions you have for me?

Waiver & Release for Sarah Kleiner Yoga

I understand that participation in the classes, and workshops offered by Sarah Kleiner carry and inherent risk of injury. In consideration of being permitted to participate in any class or workshop offered by Sarah Kleiner, I agree that 1) I waive, indemnify and hold harmless Sarah Kleiner against all claims, costs, liabilities, expenses or judgments, including court costs and attorney's fees arising out of my or my participation in any program offered by Sarah Kleiner; 2) this waiver and release shall be binding upon me and my heirs, assigns, personal representatives and next of kin. I have read this waiver and release, and I fully understand its terms and sign it voluntarily.

Name _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Signature _____ Date: _____