

Sacred Space energetic healing arts
PLEASE AVOID WEARING SCENTED PERSONAL CARE PRODUCTS TO CLASS

CLASS INTAKE FORM

NAME _____ DATE _____

Date of Birth _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

How do you manage stress? _____

Are you taking any prescription or nonprescription medications that will affect your participation in class?

List any history of injuries to joints, muscles, bones, ligaments, tendons, or orthopedic surgeries and any other health conditions that may limit your participation in class:

Circle any of the following conditions that you currently have or have had in the past:

Hypertension	Stroke	Heart Attack	Aneurysm	Epilepsy
Diabetes	Panic Attacks	Hyperthyroid	Spondelolythisis	
Orthopedic Surgery	Asthma	Immune System Disorder	Chronic Pain	
Chronic Fatigue Fibromyalgia	Current Pregnancy	Parkinson's		

What is your primary reason for taking this class and what do you hope to gain from it?

TERMS OF CLASS AND WAIVER

Radiant Health Yoga ® meets weekly every Wednesday and Friday at 11:30am. You may choose to attend the class(es) that are most convenient to you. The cost of class is \$12 for individual classes or \$50 prepayment for 5 classes. The 5 Class Card must be used within 3 months. There are NO refunds on unused or expired class cards.

I understand that Radiant Health Yoga ® is intended to promote my Health and Wellbeing. It is not a medical procedure. I also understand that I am solely responsible for my health & safety. I agree to inform the instructor of any movements which I cannot safely perform, and I will not perform any activity or movement which I feel is likely to injure myself. **I AGREE TO TREAT MY BODY WITH PATIENCE, COMPASSION & RESPECT DURING EACH CLASS. I UNDERSTAND I CAN STOP & REST AT ANY TIME.**

My signature indicates that I release Nancy E. Presser, Sacred Space, and IVRPD from any and all liability for any injuries sustained now and in any future classes as a result of my participation in Radiant Health Yoga ® .

Signature _____ Date _____