



waiver

In consideration for being permitted to participate in a class, event, workshop, spa service or event I hereby waive any and all claims to my/our person(s) and property against Yoga-360, Inc., its owners, officers, directors, agents, employees, successors and/or assigns arising out of or in any way related to Yoga-360 Studio and Spa. I understand that all classes, events and workshops are non-refundable and non-transferable and schedule to change without notice.

I understand that information listed on this sheet is strictly confidential and will not be shared with outside sources, or independant contractors.

Yoga-360 Studio & Spa

when you are inspired by some great purpose...
you find yourself in a new, great and wonderful world. - patanjali

print name _____

signature _____ date _____

I have read and understand the policies and release information described at the left

address _____

city/state/zip _____

phone number to confirm appointments _____

emergency name and number _____

birthdate _____ email _____

we do not share this information with anyone

how did you hear about us?

friend or family (please name) _____

or please circle: facebook internetgroupon other _____

do you practice yoga regularly? if so, please elaborate.

how often do you plan on practicing yoga? once a week, 2x, 3x, more often

what brought you here today?

are you allergic to any essential oils? lavender, etc?

please list all past (within 2 years) and present injuries and illnesses

do you have any disorders or conditions we should be made aware of?

ie: rheumatiod arthrisit, anxiety.

Yoga-360, Inc. 91 Bankview Drive, Frankfort, IL 60423