

# ~ Bhakti Wellness ~

First Name ~ \_\_\_\_\_ Last Name ~ \_\_\_\_\_

Email Address ~ \_\_\_\_\_

Phone ~ \_\_\_\_\_ Month & Day of Birth ~ \_\_\_\_\_

Emergency Contact Name ~ \_\_\_\_\_

Emergency Contact Number ~ \_\_\_\_\_

## **your health**

1. Within the last year, have you had any major surgery?  yes  no  
If yes, please specify \_\_\_\_\_
2. Have you had any health problems in the past or present?  yes  no  
If yes, please specify \_\_\_\_\_
3. Do you exercise regularly?  yes  no
4. Rate your level of stress on a scale of 1 to 4 (1=low stress, 4=high stress) \_\_\_\_\_
5. CPTG essential oils are used during each session. Do you have any allergies that would prevent their use?  yes  no

## **your yoga experience**

5. Have you ever practiced yoga before?  yes  no
6. If you answered yes to No. 5, please check all that apply below?  
 Vinyasa  Slow-flow  Ashtanga  Bikram  Healthy Backs  Hatha  
 Other, please list: \_\_\_\_\_
7. Rate your yoga level:  novice  amateur  enthusiast  expert
8. Yoga goals: \_\_\_\_\_

## **Waiver and Release of Liability ~**

I (name), \_\_\_\_\_ agree to this release of claims and waiver of liability and assume full responsibility for any injury, damage, or loss which may result from participation in this course (yoga, meditation or chakra balancing).

I understand that this session may involve a high level of both physical and emotional exertion, and as such, participation in yoga/meditation/chakra balancing classes involve inherent risks and may result in accident or injury.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this session. I represent and warrant that I am physically fit and able to participate and have no medical conditions that would be aggravated by the session/service, and have no medical condition or allergy which would prevent my full participation. Should my medical condition at any time change in any way which would prevent my full participation in the service, I agree to immediately discontinue the course and to consult with my physician about continuing or resuming participation in the yoga/meditation/chakra balancing.

My yoga instructor will not suggest any medical treatment to participants, as only licensed professionals are qualified to give medical advice. Information is provided on natural healing with essential oils for client to purchase at own discretion. I have been advised and understand that yoga classes are taught at different levels from beginner through advanced, and I understand that I am responsible for attending the appropriate level of class. I hereby waive any and all claims or actions I may now or in the future have and release from all liability and agree not to sue MJ (Marianne) LaDuke and/or Bhakti Yoga/Bhakti Wellness for any damages, costs or losses of any kind whatsoever, including but not limited to damages, cost or losses from personal injury, death, or property damage incurred or suffered by me, as a result of my use of the premises where the yoga course is taught, or any act or omission including negligence, breach of contract, or breach of any statutory or other duty of care, on the part of MJ LaDuke arising out of or related to attendance at, and participation in the Yoga/meditation/chakra class/lesson.

I have read and understand the above on this \_\_\_\_\_ day in the month of \_\_\_\_\_ the year 2015-16.

\_\_\_\_\_ (Signature)