



221 S. Tamiami Trail, Units 233-235
Nokomis, FL 34275
neldasyogastudio.com
941.284.0700

STUDENT INTAKE INFORMATION

NAME EMAIL

ADDRESS CITY ZIP

HOME PHONE CELL PHONE DOB

HOW DID HEAR ABOUT US?

What kind of classes do you like to take? (check all that apply)
Gentle Yoga Vinyasa Flow Heated Vinyasa Yoga Fusion Beginner Yoga
Meditation Yoga with Weights Hot Yoga with Weights Yin Yoga Core Strengthening

What days do you prefer to come to the studio?
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of the day works best for you?
6AM 8AM NOON 4:30PM 6PM 6:30PM 7PM Other

Do you have any of these physical conditions?
Diabetes Any heart condition High blood pressure Glaucoma Latex allergy Sciatica
Neck or back problems Joint pain Other

Please explain any conditions here:

Are you pregnant? Yes No When are you due?

EMERGENCY CONTACT: PHONE:

RELEASE AND WAIVER OF LIABILITY

For the purposes of this Agreement, Teacher refers to the Owner, Nelda Barba, as well as anyone she employs or contracts as Teacher for Nelda's Yoga Studio.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the yoga teacher (the "Teacher"). I will continue to breathe smoothly. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

While there are documented health benefits to practicing yoga, no part of these classes is intended to serve as a substitute for medical attention, examination, diagnosis or treatment from a licensed health professional. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga.

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any yoga class.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from yoga classes, Teachers and **Nelda's Yoga Studio**, who is hosting these classes and where sessions are being held, and each of their directors, officers, employees, volunteers, representatives and agents; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or persons mentioned in this paragraph as to any and all liabilities or claims made as a result of participation in the yoga classes, whether caused by the negligence of releasees or otherwise.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Teacher and/or **Nelda's Yoga Studio**; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

The Release and Waiver of Liability Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this form will be used by the persons or entities being released in the yoga classes and that it will govern my actions and responsibilities in said classes.

I hereby certify that I have read this document in its entirety; and, I understand its content. I am aware that this is a **Release and Waiver of Liability Agreement** as well as a contract and I sign it of my own free will. I also understand at the yoga classes or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by **Nelda's Yoga Studio**.

I KNOWINGLY, VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM I MAY HAVE AGAINST NELDA'S YOGA STUDIO, NELDA BARBA, ITS OFFICERS, EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS FOR ANY INJURY, DAMAGES OR DEATH AS A RESULT OF PARTICIPATING IN NELDA'S YOGA STUDIO ACTIVITIES OF ANY KIND.

STUDENT'S SIGNATURE

DATE

PRINT STUDENT'S NAME

If Student is under 18 years of age:

PARENT/GUARDIAN'S SIGNATURE

DATE

PRINT PARENT/GUARDIAN'S NAME

RELATIONSHIP TO STUDENT

Namaste