

BEAR FOOT YOGA HEALING

New Student Form



Name: _____ Birthday: _____

Address/City/State/Zip: _____

E-Mail: _____ Phone: _____

Emergency Contact & Phone: _____

How did you hear about us? ___ Website ___ Friend/Family ___ Doctor _____ Other

Referred By: _____ Is this your first yoga class? ___ yes ___ no

If no, please describe your previous experience: _____

Your primary reasons for taking yoga are (circle all that apply):

Relaxation	Pain Management	Back Pain	Emotional Support
Stress Management	Specific Athletic Training	Rehabilitation	Spiritual Growth
Anxiety	Flexibility & Balance	Headache	Cancer Treatment Support
Depression	Weight Loss	Sleeping Issues	Cardiac Treatment Support
Hormonal Issues	Strength & Endurance	Improved Memory	Chronic Illness/Disease

Circle any challenges, illnesses or injuries you have had that may affect your yoga practice:

Surgeries	Broken Bones	High Blood Pressure	Heart Disease	Chronic Disease
Back/Neck Injuries	Eye Disease	Pregnancy	Weight Loss/Gain	Other

Please Explain: _____

Waiver

Bear Foot Yoga, LLC teaches the basics of asana, breathing, relaxation and meditation. We highly recommend you consult a physician before beginning yoga. We are not doctors. We guide students in using your own intuition to listen to and work within the capacity of your own body. It is your responsibility to inform the teacher prior to class of any physical conditions or limitations you are dealing with. It is your responsibility to make certain you never take a pose to a level of discomfort or pain, modify it for your body, and ask for help. Only then can your body achieve maximum benefits.

I hereby agree to the above. In case of injury, I, the undersigned hereby agree to indemnify and hold harmless Bear Foot Yoga, LLC, Megan MacCarthy and any respective teachers, employees and independent contractors from and against liability, damages, costs, loss or expenses arising out of any bodily injury, at any time sustained by the undersigned. I have read, understand, agree and will adhere to this information.

Signature: _____ Date: _____