



(PLEASE PRINT ALL RESPONSES)

Name: _____

Email: _____

Subscribe to the Yoga With Audra mailing list? Yes ____ No ____

Phone #: _____

Age: _____

Is this your first time practicing yoga? _____

If no, how long have you been practicing? _____

Do you have any pre-existing injuries, medical conditions or have you suffered physical trauma?

Scale: From 1= Unimportant/ Disagree → 5 = Very Important/Strongly agree

Reasons for practicing yoga	1	2	3	4	5
Balance					
Better breathing					
Flexibility					
Muscle Tone					
Pain Relief / Recovery					
Strength					
Weight Loss					
Anxiety					
Depression					
Insomnia					
Anger Management					
Stress					
Body Awareness					
Mental Calmness					
Concentration					
Social Interaction					
Connectedness					
Inner Peace					
Stillness					
Self-Realization					
Other (please Specify)					
Class Preference					
Cardio					
Meditative					
Gentle / Restorative					
Other (please specify)					

PLEASE TURN OVER

Comments:

Terms & Disclaimer

Session fee must be paid for, in full, prior to first class. Should you choose to opt-out of the session at any point following the start date, a \$50 cancellation fee will be applied to the amount being reimbursed for remaining classes.

All missed classes are forfeited

All the information that you have provided here is treated as strictly confidential.

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor (Yoga With Audra), nor the hosting facility (H'OM Yoga), is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

Name: _____

Date: _____

Signature: _____