Welcome to 108 Yoga!

Waiver & Intake Form

Name _____ Occupation _____

Address _____ How did you hear about us?

_____ _____

Email _____ Class _____

Phone (H) _____ (W) _____

What are your goals/intentions for developing or evolving your yoga practice?

What injuries or special circumstances do you have (if any) that might affect your practice? (Please use the back of the form to elaborate if needed.)

Do you, or have you done yoga? If so, how often?

What times during the day do you have available to attend yoga classes?

Do you live or work near the 108 Yoga studio?

In checking the box below, I understand that classes at 108 Yoga may be physically strenuous and I voluntarily participate in them with full knowledge that I am solely responsible for my personal property, health, well-being, safety, and ultimately, my life. I have shared all pertinent personal health information with the yoga instructor to ensure that my safety is a priority. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims whatsoever against 108 Yoga or its representatives.

I Agree ☐

Date **Signature**