

# Lakeshore Yoga Studio

## Client Information & Medical/Liability Release

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_

How did you hear about Lakeshore Yoga? \_\_\_\_\_

Current medical conditions: \_\_\_\_\_

Are you in pain, if so, where? \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Please discuss any conditions or concerns you may have with your instructor.

### Agreement For Yoga Classes:

I certify that the above information is true and complete. I understand that there are inherent risks involved with all physical activity and that while doing yoga, I may suffer injury. I understand these risks and I assume all such risks and release Carey Burns, and all Lakeshore Yoga Studio instructors, volunteers and related agents from any liability. I have carefully read, I understand and accept this and agree to the foregoing.

### Agreement FAR Infrared Sauna Use:

I certify that the above information is true and complete. I understand that there are inherent risks involved with use of any equipment such as the FAR Infrared Sauna. I understand these risks and I assume all such risks and release Carey Burns, and all Lakeshore Yoga Studio instructors, volunteers and related agents from any liability. I have carefully read, I understand and accept this and agree to the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_