

Student's Name, email & Ph #:

Teacher's Name: Suzanne Ballantyne

Please let me know what experience you've had with yoga; how you like to practice; what you hope to get out of your practice going forward?

Is there anything I should know about your health & wellness? Current or chronic issues? Medications? Physical limitations? Past injuries?

What other forms of exercise, if any, do you participate in?

Whom shall I contact in case of an emergency?

By signing below, I affirm that I understand that there are inherent risks in any form of physical activity and that practicing yoga has its own risks as well as benefits. I acknowledge that I am choosing to practice yoga and take responsibility for my own limitations and will not hold Suzanne Ballantyne responsible for any injuries I may experience. I have provided Suzanne with as much information I feel is necessary for her to know or that I'm willing to share.

Signature

Date