



Acupuncture, Massage, Skin Care, Yoga, Pilates,
Feldenkrais®, Medicine Dance, Tai Chi, Health Coaching

Name: _____

Date: _____

Birthdate: _____

Phone Numbers: cell: (____) ____ - ____ home: (____) ____ - ____

Email: _____@_____

We will use this as main contact for news, promotions, and any class changes or cancellations but will never share your address with an outside source.

Here today for: (circle one) YOGA PILATES FELDENKRAIS ® ATM

Other: _____

Briefly, what is your previous experience with yoga or Pilates or Feldenkrais ®?

Who might we thank for referring you today? _____

Please list any *current* injuries/ailments: _____

Please list any *old* injuries/ailments/surgeries: _____

What are your personal goals with this movement discipline? _____

Today's Instructor: _____

I understand that yoga, Pilates, Tai Chi & Feldenkrais® include physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Neither yoga, Pilates, Tai Chi nor Feldenkrais® is a substitute for medical attention, examination, diagnosis or treatment. Physical exercise is not recommended or safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice at Balance Wellness Studio today. I hereby agree to irrevocably release and waive any claims I have now or hereafter may have against my instructor or Balance Wellness Studio.

Signature _____

Date: _____