

Intake Form & Waiver

Date: _____ Name: _____ Birthday: ____/____/____

Address:

Email address: _____ Phone number: _____

Emergency Contact:(Name and Phone Number)

Do you have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems)? If so, please explain:

Do you have any medications that could be aggravated by exercise or sound healing? If so, please explain:

I choose to participate in the healing program offered by **SARA HART as iHART Lens and her affiliates including but not limited to : ANDREW CAMPBELL of ARTEMIS AUDIO & AYURVEDA & BROOKE GUTIERREZ of DRISHTI YOGINIS** and recognize that the certain activities require physical exertion which may cause physical injury.

I am fully aware that there are possible risks involved. I understand that it is my responsibility to consult a physician prior to participating in yoga classes. I confirm that I am physically fit and do not have medical conditions which would prevent my participating in yoga classes.

I recognize the various suggested poses should be approached in a gentle fashion. If any movement brings discomfort, I know to modify &/OR ask for a modification for the pose as deemed necessary to my physical needs.

I agree to assume full responsibility for any injuries sustained and I release **SARA HART as iHART Lens and her affiliates including but not limited to : ANDREW CAMPBELL of ARTEMIS AUDIO & AYURVEDA & AYURVEDA & BROOKE GUTIERREZ of DRISHTI YOGINIS** from any and all liability as a consequence of my participation in yoga classes and sound healing meditations.

I have read and fully understand this consent form / waiver & release and accept its contents:

Client Signature

Date