

**Corbett Yoga and Healthy Systems
Intake and Release Form
WELCOME!**

First and Last Name

Preferred Phone

Preferred Email Address

Address

City

State

Zip

Emergency Contact
Information

Name

Phone

Relationship

Relevant health-related
information

Goal for your yoga
class/Reason for attending

See other side

Read and Sign Below Before Attending Your First Class or Program

I am aware that Sara Grigsby, dba Corbett Yoga or Healthy Systems, teaching at various locations, is here to serve me by sharing knowledge of yoga and health. I understand that the practice of yoga involves physical movement and exercise which may from time to time be strenuous and that such practice carries some risk of injury. In also understand that I must judge my own capabilities with respect to practicing yoga with Sara Grigsby or her designated instructors.

By my participating in these classes or activities, I agree to take full responsibility for not exceeding my limits in the practice of yoga and in class or program activities in general, for selecting an appropriate level of participation and for any damage or injury that may result directly or indirectly from my participation in any program, event or activity affiliated with Sara Grigsby or her designated instructors.

I also acknowledge that it is my responsibility to inform any instructor immediately if an injury occurs during class.

I understand that, from time to time during class, instructors may offer personal advice on movements or postures and may physically adjust students' form in a yoga pose. If I do not wish to receive advice, adaptations or adjustments, it is my responsibility to inform the instructor at each class I attend.

I hereby release Sara Grigsby, her instructors, agents and representatives both personally and doing business as (DBA) Healthy Systems or Corbett Yoga from any and all liability for damage or injury to me, including claims based on negligence. Additionally, I release property owners at the/any yoga practice location from any liability associated with personal injury that may occur while, arriving, leaving or practicing yoga.

I have carefully read, fully understand and agree to the above.

Date: _____ Signature: _____

IF UNDER THE AGE OF 18 YEARS

As legal guardian of _____, I/we consent to the above conditions _____ (signature).

Thank you. Welcome. Enjoy.