

Lotus Yoga
Mary Yogini
Denver, CO



Our goal is to make your experience as successful and comfortable as possible. In order to achieve best results, please feel free to talk with us about any and all questions and concerns you may have.

Please fill out the form below.

1. Your first and last name

Peter Student

2. E-mail

peterstudent@gmail.com

3. Address

123 Main Street, Denver, CO

4. Zipcode

80014

5. Phone number

555-555-5555

6. Date of birth

March 15, 1991

7. Emergency contact name

Sam Student

8. Emergency contact relationship

Brother

9. Emergency contact phone number

555-555-5554

10. Today's date

March 15, 2024

11. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. Participation in yoga classes includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. I agree to follow all instructions that are given to me regarding all aspects of these yoga activities. (Please initial below.)

PS

12. I understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I agree to consult with my physician about my medical conditions prior to beginning any activity program, including yoga. I affirm that I alone am responsible to decide whether to practice yoga. (Please initial below.)

PS

13. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any yoga activities with Mary Yogini and Lotus Yoga. (Please initial below.)

PS

14. I knowingly, voluntarily and expressly waive any claim that I may have against Mary Yogini and Lotus Yoga, or anyone acting on their behalf, for any injury, death or damages that I may sustain as a result of participating in yoga activities offered in person or online. (Please initial below.)

PS

15. Mary Yogini has been engaged to provide certain yoga-related services to me. In the process of performing those services, Mary Yogini may maintain, transmit, create or receive data for or from me that constitutes Protected Health Information ("PHI"). The HIPAA Notice of Privacy Practices addresses the use and disclosure of my PHI.

<https://sequencewiz.com/agreements-and-terms#notice>

16. I have carefully read the HIPAA Notice of Privacy Practices and accept its terms as indicated by typing my full name below.

Peter Student

17. I acknowledge that I have read the LIABILITY WAIVER AND HIPAA NOTICE OF PRIVACY PRACTICES and agree to the terms outlined in this entire document. SIGN THIS FORM BY PRINTING YOUR FULL NAME.

Peter Student
