

Confidential Client Intake & Liability Waiver

Name: _____

Address: _____

Post Code: _____ Town: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Occupation: _____

How did you hear about us? _____

Website/DVN/English Informer/Friend/Other _____

In Case of Emergency, Please Notify:

Name: _____

Telephone #: _____

Are you currently seeing a health care provider for a health issue I should know about or have you had any surgeries, accidents, injuries, major illnesses or hospitalizations which may be relevant to the practice of yoga?

Are you physically active? Y N

Yoga History (if you practice, please share for how long and which style):

Release Form

I understand there is an inherent and unavoidable risk associated with any exercise program including my voluntary participation in yoga that may result in injury. It is my responsibility to practice without strain or discomfort. I agree to judge my own capabilities and will listen with the utmost care to my body ceasing any movement, posture, or activity that causes me concern, informing the teacher immediately.

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 acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga-based exercise program or that I have decided to participate voluntarily and without the approval of my physician and do hereby assume all responsibility for such participation in this program.

I acknowledge that Beth Ciesco (Dielle) does not offer medical advice nor diagnosis and certify that I am physically well and suffering from no medical problems, conditions (including pregnancy), impairments, diseases, or other illness that would prevent my full participation or increase my risk of injury and/or illness as a result of partaking in these programs.

I, my heirs, or legal representatives, do hereby forever waive and release Beth Ciesco (Dielle), her members, teachers, agents and employees from any and all liability and responsibility from death, injury, accident, illness, legal and medical fees sustained now or in the future resulting from my participation in any exercise/yoga activity, program or workshop. (Questions or concerns? Please ask!)

I understand that Beth Ciesco (Dielle) may take photographs and/or video footage during classes for promotional purposes and I hereby grant permission for my likeness to appear in such materials without exception.

I acknowledge that I have read this waiver of liability form, I fully understand its terms and conditions, and understand that I am waiving and giving up my rights to sue Beth Ciesco (Dielle), her teachers, members, agents, and employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature for this to be a complete and unconditional release of liability to the greatest extent allowable by law.

Signature _____

Date:

If participant is under 18

Signature of Consenting Legal Guardian

Date:

Registration & Payment Policies

New students wishing to attend class are strongly encouraged to schedule a 1/2 hour consult for 15 euros with your first class FREE. This helps me know how you move to better instruct you. Otherwise, please make an appointment (to ensure space) and arrive 15 minutes before class start time for intake and initial payment of 10 euros.

Classes for drop-ins are 10 euros. A limited number of Dedicated Student Discounts are available. Please enquire.

Workshop prices vary and usually require advance registration with deposit.

Cancellation Policy:

My time is my livelihood, and it is limited. If you need to reschedule an appointment or cancel participation in a workshop or class, please try to do so with at least 48 hours notice. Cancellations with less than 24 hours notice and no-shows are invoiced my usual rates and must pay in advance for future reservations at my discretion.

(Office Use Only)

DielleCiesco.com Dielle Ciesco, BSEd, MA, RYT
Siret # 81750093700013