

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:

New Students:

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 reserve your class space and arrive 15 minutes before class start time for intake and initial payment.

Services Offered:

- Yoga Fusion Classes
- Yin Yoga Classes
- Meditation Groups
- Private Yoga and/or Meditation Instruction
- Workshops
- Skype Sessions in Meditation, Somatic Voicework, & Life Coaching
- Gite & Retreat Yoga House Calls

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. You may reschedule at no charge, but any refunds made will be less payment processing fees when applicable. Cancellations with less than 24 hours notice and no-shows are invoiced my usual rates. Abuses of this policy may result in the necessity of nonrefundable prepayment for future services.

(Office Use Only)

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