



Name _____

Cell phone _____ Email _____

Experience *(Circle one)*:

New to Yoga

Some experience with Yoga

Seasoned Yogi

Present injuries or weakness from past injuries:

The way I learn best:

Watching someone (Visual)

Listening to someone (Auditory)

Experience it myself (Kinesthetic)

I will take full responsibility for my self-care.

I will not hold Stephanie Watkins responsible for any injuries I accrue while practicing Yoga.

Signature _____ Date _____