

Yoga Retreat Registration

March 15th – March 22nd 2014 at Mar de Jade Retreat Center, Chacala ,Mexico
with Sarah Baumert and Eva Mohn

Dear Student:

Please complete these forms so I may review them before your visit allowing me to properly assess your personal needs. To secure your place in the retreat I will require a \$200 holding deposit by either check, debit or credit card. Checks can be made out to Sarah Baumert and mailed to the address below. Payments by debit or credit card can be done using paypal via my website at sarahbyoga.com or in person with me. If you have any questions please feel free to ask. There will be a 3% processing fee for all debit/credit card transactions.

PLEASE RETURN FORMS WITH PAYMENT TO:

Sarah Baumert
2095 Carroll Ave
St Paul, MN 55104

Tuition including all yoga classes

Please Check which payment you will be making today:

- _____ \$200 Holding deposit (you will be invoiced for the remaining amount)
_____ \$600 Early Bird Discount Paid in full (by January 1st)
_____ \$700 Regular Price Paid in full (after January 1st)

Cancellation policy: Refunds are available minus \$100 processing fee by February 15th

Room Reservations will be made separately with Mar de Jade. There are 20 beds reserved for our group ranging from private rooms to shared rooms. In order to reserve your room, you will contact Mar de Jade directly. This information can be found on my website: sarahbyoga.com

General Contact Information

Name: _____

Email address: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Have you done yoga before?

If "yes" please elaborate type and amount of time practiced, and if you have taken class with Sarah:

Emergency Contact:

Name/Relation: _____ Phone: _____

Address: _____

General Health Information:

Please check all conditions that apply:

Diabetes___ Hypoglycemia___ Chronic Headaches___ Migraines___ Low Blood Pressure___
High Blood Pressure___ Ulcers___ Epilepsy___ Arthritis___ Rheumatoid Arthritis___ Varicose
Veins___ Asthma___ Hypertension___ Hernia___ Herniated/Bulging Disc/ location

Sciatica___ Scoliosis/ location_____
Digestive Disorders_____
Immune Disorder___ Heart Disease___ Pregnancy/ if yes list trimester_____
Fibromyalgia___ Contact Lenses___ Chronic Back Pain/ location___ Allergies (food/meds/please
list)___

Acute Pain/Discomfort:

Other:

Explanation of any sensitivities, disorders, or pain:

Any recent or past accidents or injuries? If yes, please explain how the accident or injury has affected your body:

Any other health information or concerns that I should be aware of?

Please consult your doctor before starting yoga if you have undergone any form of surgery or are under heavy medication

STUDENT WAIVER AGREEMENT

I _____ (print name) understand that the yoga method includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Sarah Baumert and/or Eva Mohn.

Print name of student _____

Signature of student _____

Date _____