

## Yoga Retreat Registration

March 5<sup>th</sup> – March 12<sup>th</sup> 2016 at Mar de Jade Retreat Center, Chacala ,Mexico  
with Sarah Baumert and Maria Toso

Dear Student:

Please complete these forms so that we may review them before your visit allowing us to properly assess your personal needs. To secure your place in the retreat we will require a \$300 holding deposit by either check, debit or credit card. Checks are preferred, and can be made out to Sarah Baumert and mailed to the address below. If you prefer to pay by credit or debit card, contact me and I will send you an invoice. There will be a 3% processing fee for all debit/credit card transactions. If you have any questions please feel free to ask.

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:

\_\_\_\_\_ \$300 Holding deposit (you will be invoiced for the remaining amount)

\_\_\_\_\_ \$600 Early Bird Discount Paid in full (by November 1<sup>st</sup>)

\_\_\_\_\_ \$700 Regular Price Paid in full (after November 1st)

Cancellation policy: Refunds are available minus \$150 processing fee by February 6th

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 or Maria:

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 Maria Toso.

Print name of student \_\_\_\_\_

Signature of student \_\_\_\_\_

Date \_\_\_\_\_

