

## Yoga Retreat Registration

February 15th-18th, 2018 at ARC Retreat Center

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 payment by either check, cash, debit or credit card. Checks can be made out to Sarah Baumert and mailed to the address below. If you would like to pay by credit or debit card, contact me and I will send you an invoice. If you have any questions please feel free to ask. There will be a 3% processing fee for all debit/credit card transactions. **Cancellation Policy:** Refunds are available minus \$100 by February 1st, 2018.

PLEASE RETURN FORMS WITH PAYMENT TO:

Sarah Baumert  
2412 32nd Ave S  
Minneapolis, MN 55406

Tuition including all yoga classes, room and board:

Please Check One:

- Deposit to secure your spot \$300
- Full Payment Before November 1st \$600
- Full Payment After November 1st \$635
- Meat with Dinners \$15

### 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:

Do you practice inversions, such as headstand?

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\_\_\_ 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?

**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 Eva Mohn.

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

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

Date \_\_\_\_\_

