



Sage Yoga Intake Form

12 S 2nd Street, Cary IL 60013 (847) 987 5085

Please take some time and tell me about yourself to make our practice together as safe, comfortable and enjoyable as possible. Use the back of this form if you need more room.

1. Have you practiced yoga before? YES NO If so, what do you like about practicing?

If so, please describe your experience with the yoga instructors. What did you consider to be helpful or not so helpful?

2. Do you have any physical injuries or chronic conditions that could potentially affect your yoga practice?

3. What would you like to achieve with your practice (ex: weight loss, stress management, increased flexibility, mental clarity, strength training, etc).

4. Do you have any preferences in regards to poses, impact (high/medium/low), meditation, level of advancement, class pacing, use of sounds/chanting, etc.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga therapy. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in yoga therapy sessions. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga therapy sessions. I knowingly, voluntarily, and expressly, waive any claim I may have against Sage Yoga Center or any other teacher for injury or damages that I may sustain as a result of participating in the program.

Please Print Full Name: _____ Date: _____

Address _____

Email _____ Phone(cell/home/other) _____

Signature: _____ Date: _____ Admin. Initials: _____ Date: _____