

A GENTLE WAY 2008 STUDENT FORM: I am ___NEW to AGW I am ___Returning

Please Print clearly: NAME: _____

Are you currently getting our Enewsletters? _____ Emails: _____

STREET ADDRESS: _____

CITY , STATE, ZIP CODE: _____

Phone; (H): _____ (W): _____ Cell: _____

EMAIL: _____

THE BELOW QUESTIONS WILL HELP US SERVE YOU BETTER:

1. My last class at A GENTLE WAY was in MONTH _____ YEAR _____.
2. I have been attending classes here (or with Lanita) for _____ years/months.
3. Are you exercising OTHER than yoga at AGW? If so please describe your current exercise program:

I CONSIDER MYSELF: (Choose all that apply)

Average weight _____ Underweight _____ Overweight _____ Plus-Size _____ Super-size _____

Over-Active _____ Un-Active _____ Balanced-Active _____

I could use more help with: _____ Relaxation, Stress Management, Meditation _____ Strength/Balance _____ Flexibility

Current Age -not required, but very helpful to us: _____ Birth date : _____

4. How did you originally hear about A GENTLE WAY? If you were referred, please let us know who referred you.

5. What have been your favorite poses, or workshops?

6. Are there MORE classes you would like to see that are NOT on our current schedule? If so, please describe class and give time/date preference. _____

7. Does cost prevent you from taking yoga more often? _____

8. Please describe any challenges, illnesses or injuries you have had that may affect how you feel today: (Examples: Operations, broken bones, high blood pressure, heart attacks, depression, eye diseases, severe weight losses or gains, etc.). *INCLUDE PARTS OF BODY THAT ARE HARD TO MOVE:* For example: Is it hard to sit, stand, lie on back, knees, etc. USE BACK IF NEEDED.

9. What are your yoga goals? What would you like yoga to help you accomplish?

10. PLEASE DESCRIBE HOW YOGA HAS HELPED YOU. Use the backside of this sheet for this question.

11. Can we use your comments with your first name only _____, or initials only _____ to help us advertise to others? _____

12. In case of emergency, contact: NAME, PHONE 1, PHONE 2

13. **A Gentle Way Yoga Center** teaches the basics of asana, breathing, yoga, relaxation, and meditation. We highly recommend that you consult your physician before beginning this program. We are not doctors. We guide students in using your own intuition to listen to and work with your body. It is your responsibility to let your teacher know what is, or is not, feeling good; if any movements hurt; or are not comfortable. It is your responsibility to make certain that you never take a stretch, pose, or asana (exercise) to a level of discomfort or pain. It is your responsibility as a student to stop a pose that is not comfortable, or modify it for your body. Only then can your body achieve maximum benefits.

The undersigned hereby agrees to indemnify and hold harmless A GENTLE WAY, Lanita Varshell, and any respective instructors, employees, from and against liability, damages, costs, loss or expense (including without limitation, attorneys' fees) arising out of any bodily injury, at any time sustained by the undersigned.

NO CASH REFUND POLICY: Failure to show for a pre-paid private session or prepaid class results in a loss of moneys.

Sorry, we cannot stay in business if we give refunds or extensions on purchases or packages.

I have read, understand, agree, and will adhere to this information.

Signature: _____ **Date:** _____