



## WELCOME TO RESOLVE COUNSELING YOGA PROCESSING GROUP

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**Release of Liability:** In signing below, I agree that Resolve Counseling PLLC and Amy Brinkman LCSW. are in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that the yoga exercises during group may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against Resolve Counseling PLLC or it's members for any personal injury, property damage/loss, or wrongful death during class, workshops or even any purpose they deem necessary.

RELEASE OF LIABILITY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Are there any injuries that we should be aware of? If yes, please specify:

\_\_\_\_\_

HAVE YOU PRACTICED YOGA BEFORE?

YES NO

DO YOU EXERCISE REGULARLY NOW?

YES NO

