

Intake Form

I, June Wing, am a Certified Yoga Therapist with the International Association of Yoga Therapists (C-IAYT). Please feel comfortable to ask me any questions about my training. I also appreciate any feedback about my teaching you may willing to share with me so that my learning can continue.

Acknowledgement and Wavier

I acknowledge that June Wing, who I will be working with, has informed me that Yoga with a therapeutic approach is not a medical procedure; and that they will not be providing a diagnosis of any medical problems or concerns which I have. I understand that Yoga with a Therapeutic approach is an integrative practice intended to facilitate self-awareness, integration and balance to my well-being. I also understand that I am solely responsible for my health, safety and well-being. I agree to inform the yoga instructor of any activity or movement which I cannot perform safely, and that I will not perform any activity or movement, which I feel, is likely to cause me to injure myself. I agree to hold June Wing harmless from any and all responsibility for any injury, which I may sustain during or as a result of my Yoga therapy informed sessions.

Name: _____

Signature: _____

Date: _____