

**TAKE SHAPE WITH ANGIE, LLC**

**YOGA, REIKI, WORKSHOPS AND RETREATS**

**Student Information and Release**

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ (Month/day)

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_

**Previous yoga/reiki experience:**

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**Medical conditions/surgeries/pregnancy or injuries that may affect your overall yoga experience:**

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**I hereby certify that the information is true and complete. I agree that it is my responsibility to not exceed my limits and I have consulted a physician. I hereby waive any claim I may have at any time for injury against Angie Jacques, home and property being used for yoga, retreats and workshops and any other outdoor facility (West Hartford reservoir etc.) or studio in which the space is being used for the yoga lesson/retreat. I have carefully read all information and fully understand and agree to all the above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_