



Mind Body Centering Yoga Therapy

Personal Information

Name _____ Date of Birth _____
Address _____ Email _____
Occupation _____
Phone (primary) _____ Emergency Contact _____
(secondary) _____ Contact's Phone _____
How did you hear about Wellville/this work? _____

Health Information and Personal Goals

Please list all serious injury, past and current: _____
Please list any and all surgeries: _____
Please list all allergies: _____
Please list any medications and their use: _____
Please list any traumatic event or experience that may affect your ability to receive touch: _____
What do you hope to gain from Mind Body Centering Yoga? _____

Consent

We offer a range of mind/body practices, therapies, immersions and trainings to enhance conscious appreciation for your inspired life. Please be sure to advise your therapist of any chronic, current or past traumas and medications that could influence your condition during your explorations. By voluntarily participating in our practices you are agreeing to take full responsibility for your physical, mental and emotional condition, knowing that the possibility for injury is present. In our dedication to keep everyone injury-free, any and all adjustments will be made in a professional manner. It is always your prerogative to inform us if you wish to not participate. We care about you and want to empower you to take full responsibility for your Self and your potential. Thank you.

I have read and I understand the material contained in the above declaration statement, waiving any claim by my heirs, legal representatives or Self against any instructors, owners or employees or contractors of Wellville Massage and Healing Arts.

I understand Wellville requires a 24 hour notice for all reschedules and cancellations with the only exception being medical emergencies for me or a member of my immediate family. Missed appointments will be charged at 50% of the scheduled service. I accept payment for missed appointments if I fail to provide the required notice.

SIGNATURE _____ DATE _____