

# BODY MATTER

YOGA & FELDENKRAIS

Sarah Baumert RYT, IAYT  
Authorized Awareness Through Movement® Teacher  
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Thank you for choosing Sarah B. Yoga and BODY MATTER. I am committed to creating a compassionate and encouraging atmosphere that supports your health and healing. I look forward to working with you.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Gender Pronouns: she/her he/him they/them other \_\_\_\_\_

Emergency contact name/number: \_\_\_\_\_

**The following is a release and liability waiver. Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:**

1. I understand that Yoga and the Feldenkrais Method incorporate both cognitive and physical approaches, and that there is an inherent risk when participating in physical activities. I agree to let the therapist know of any physical limitations I might have, or any physical activities I do not wish to participate in. \_\_\_\_\_ (initial)
2. I hereby release Sarah Baumert, Sarah B. Yoga, Inc., BODY MATTER and all other sponsoring agencies from responsibility for any injuries I may sustain as a result of participation in this program. \_\_\_\_\_ (initial)

I have read the above waiver and agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

