



Name

Address

City State Zip

E-mail:

How did you hear about this retreat?

Emergency Contact Information:

Allergies:

Dietary Needs (The Dining Room staff will be able to accommodate most needs if they have advance notice):

Physical Needs (Please list any current areas of focus and previous injuries that pertain to your yoga practice):

My intention for retreating to Valle Crucis with Seaside Yoga is...

Current life intentions that I work with on and off the yoga mat are...

Yoga is the practice of self awareness. I have informed my instructor of any physical limitations that warrant modifications within this practice. I understand that I may sustain an injury as a result of my practice of Yoga. I agree to be solely responsible for any and all liability costs, and expenses incurred by me as a result of any injury sustained within my practice at Seaside Yoga at Valle Crucis. I attest that I am in good physical condition and am practicing yoga with my health care provider's approval.

Signature

Date

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