



First Name _____ Last Name _____

Cell Number _____ Home Phone _____

Which phone would like your appointment reminder calls on my Cell Home

Address _____

City _____ State _____ Zip _____

Email: _____

Emergency Contact: _____ Phone _____

Have you received massage therapy before? Yes No

Please list any injuries, ailments or conditions you have present/past:

Are you currently taking any medications your therapist should be aware of?

Do you have sensitive skin or allergies?

I hereby give my consent to receive massage services and/or other bodywork or treatment from Be One Yoga, LLC, and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such Services are my sole responsibility. In exchange for receiving Services Be One Yoga, LLC I, for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold harmless Be One Yoga, LLC, its members, officers, employees and agents from any and all liability for any and all injuries, including death, damages or claims relating to or resulting from my receipt of the Services, now or in the future, foreseen or unforeseen. Further, I will indemnify and hold Be One Yoga, LLC, its members, officers, agents and employees, harmless from and against any and all claims, rights, damages, liabilities, losses, costs and expenses (including reasonable attorneys' fees) arising from or in connection with any injuries to other persons or damage to property caused by or attributed to me.

Acknowledgement: By voluntarily and knowingly signing below, I am acknowledging that, among other things: I have carefully read this entire release and waiver, understand its terms without reservation and, accordingly, my Relatives and I are waiving substantial legal rights.

Signature _____ Date _____

If under 18, parent or legal guardian signature required.

Parent or Guardian's Signature _____ Date _____