

Meghan Zipin RYT, MSPT
Peony and the Bee Yoga
617-383-9578



PEONY & THE BEE
YOGA

boston | yoga therapy | healing

Thank you for this information. Thank you for your courage and willingness to try something new. I look forward to working together.

1. Name:

2. Address:

3. Phone Number:

4. Email Address:

5. Emergency Contact Name:

6. Emergency Contact Phone Number:

7. Any allergies or sensitivities (food, scents, oils, flowers, cleaning products, rubber, nuts)?

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8. Why do you want to practice yoga or what do you hope for? (Its ok not to know, I didn't know at first either)

9. Have you practiced yoga before? (There is no wrong answer :)

10. Some medications have side effects like bruising, or changes to your heart rate or blood pressure. To ensure we work together safely, please list any current medications:

11. Please list any current illnesses:

12. Please list any prior surgeries:

13. Are you pregnant? Are you trying?

14. How did you find me?

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15. Is there anything else you'd like me to know?

I hereby agree that I am participating in therapeutic yoga sessions offered by Meghan Zipin of Peony & the Bee Yoga. I understand that this is not intended to substitute for medical diagnosis, treatment or cure of any illness, injury or imbalance. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the sessions. I represent and warrant that I am physically fit and I have no medical condition that would prevent my partial or full participation in treatment. I have alerted Meghan Zipin of my physical limitations or conditions.

Signature _____

In consideration of participating in yoga sessions with Meghan Zipin, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in treatment. Further, I knowingly and voluntarily and expressly waive any claim that I may have against Meghan Zipin for injury or damages that I may sustain as a result of participating in therapeutic yoga sessions.

Signature _____

Date _____

Signature of Parent/Legal Guardian (if applicable) Please sign for clients 17 years old or younger. _____