

COMMENTS: _____

get Started!

1. Choose a yoga instructor. Instructor qualifications and background information are located at www.cvprd.com. This information may help you choose an instructor that you feel comfortable with. You may also leave it blank and the Fitness Coordinator will choose who best matches your goals.
2. Complete the private yoga request form and return it to the front desk or to Suzi Shankweiler, Fitness and Wellness Coordinator or fill it out online at www.cvprd.com.
3. Your yoga instructor will call or email you to set up an appointment within 72 hours.
4. Purchase private yoga sessions at the front desk.

*Quiet your mind
Free your body*

PRIVATE YOGA REQUEST FORM



RISK OF EXERCISE AND CANCELLATION POLICY

Instructors need a minimum of 24 hours notice if you are unable to make your appointment. If you fail to do so, you will be charged the full amount for the session.

I certify that to the best of my knowledge the enclosed statements are true. I have read and understand the above cancellation policy.

I understand that I am exercising at my own risk

SIGNATURE DATE

PRIVATE YOGA RATES:

- 30 minute single session.....\$30D/\$45ND
- 1 hour single session.....\$48D/\$72ND
- 1 hour partner session.....\$72D/\$108ND
- (6) 30 min single sessions.....\$162D/\$243ND
- (6) 1 hour single sessions.....\$258D/\$387ND
- (6) 1 hour partner session.....\$384D/\$576ND

PAYMENT DUE PRIOR TO YOGA SESSIONS

Workout | Healing | Meditation



FITNESS COORDINATOR | 303.833.3660 x 114

Name: _____

Age: _____

Email Address: _____

Phone: _____

Emergency Contact: _____

Relationship to Participant: _____

Emergency Contact Phone: _____

PREFERRED SESSION TIMES

Day: _____ Time: _____

Day: _____ Time: _____

Private Yoga Instructor will contact you within 72 hours from receipt of form.

PAYMENT DUE PRIOR TO YOGA SESSIONS

Does your physician know you are taking part in this exercise program?

Yes _____ No _____

Describe your current exercise program:

What would you like your yoga instructor to know about your health and fitness goals:

Do you now have, or have you had in the past? (Please explain "yes" answers in comments)

- | | | |
|--|-----------|----------|
| 1. Any chronic illness or condition? | YES _____ | NO _____ |
| 2. Difficulty with exercise? | YES _____ | NO _____ |
| 3. Any advice from a physician not to exercise? | YES _____ | NO _____ |
| 4. Surgery within the last 12 months? | YES _____ | NO _____ |
| 5. Pregnancy now or within the last 3 months? | YES _____ | NO _____ |
| 6. History of breathing or lung problems? | YES _____ | NO _____ |
| 7. Muscle, joint or back disorder, or any previous injury still affecting you? | YES _____ | NO _____ |
| 8. Hernia or any condition that may be aggravated by lifting, bending, moving? | YES _____ | NO _____ |
| 9. Have you had any pain or discomfort with exercising in the past? | YES _____ | NO _____ |

For questions please contact Fitness and Wellness Coordinator
Suzi Shankweiler at sshankweiler@cvprd.com