

Dr. Paddy Tawada DOM, Lac
1601 East Fifth St. #105, Austin, Tx
512.478.4PEA
<http://drpea.com>

Name _____ Phone(Hm) _____
Address _____ Phone(Wk) _____
City _____ State _____ Zip _____ Birthdate _____
email (opt) _____ Occupation _____
Person to notify in the event of an emergency _____
Phone#(s) _____ Relationship _____

This class is a combination of yoga and self-healing exercises (known as Qi Gong) designed for beginning to intermediate students. Although this class is not particularly strenuous, as a participant in the course, you are solely responsible for determining your capacities & limitations as well as informing me of any problems or issues that exist or may arise during the duration of the course.

I, _____ release Dr. Paddy Tawada, and the owner and occupants of the studio where the class is held, from any and all liability for any injuries sustained before, during or after class. Should I choose to discontinue at any time, I understand that the course fee is non-refundable.

Signed _____ on _____ day of _____, 200____

1) Do you have experience with meditation or centering practices? If yes, please describe: _____

2) Do you participate in any other physical activities? If yes, describe: _____

3) Do you have any physical/mental/emotional limitations, injuries, or disabilities that might affect your ability to participate in the class? List any known issues: _____

4) Are you currently taking any medications? If so, please list with condition(s) being treated: _____

5) Is there anything else you would like me to know? _____

May all beings gain merit from this practice.