



Level 1: The Art of Self Care Course

Applicant Information

Full Name: _____ Date: _____
First First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Please specify your eating preference (raw, vegan, vegetarian, fish, meat) _____

Please list any food allergies you may have: _____

What is your favorite vegan snack? _____

What is your favorite vegan meal? _____

What are your goals and expectation in taking this course? _____

Interested in becoming a Yoni Steam Practitioner? _____

Do you have your own business? _____ If yes, what's the name: _____

Yoni Steam Experience

Have you had a
Vaginal or Yoni
Steam

If yes, what
was your
experience:

Media Release

I, (full name) _____

(circle one) DO / DO NOT grant permission to Amb Day Spa, LLC to take photographs and video footage of me.

I, (full name) _____

(circle one) DO / DO NOT grant permission to Amb Day Spa, LLC to use photographs and or video footage of me in marketing and or promotional materials to promote trainings and upcoming events.

Emergency Contact

Name of a relative not residing with you: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Relationship: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____