

Client Intake and Release Form

Name: _____ Date: _____

Address

Street: _____

City: _____ State: _____ Zip code: _____

Contact

Phone: _____ Email: _____

Would you like to be added to the email mailing list? (Circle) YES or NO

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Do you have any physical limitation that may require modifications in your practice? If yes, please list and explain:

Please list any major health conditions (mental or physical) that have affected you recently or in the past:

Do you have any allergies/sensitivities to?

___ Medications ___ Foods (nuts, etc.) ___ Seasonal Pollen ___ Fragrances ___ Other

If yes, please describe:

Is there anything else I should know? Any additional comments?

Please read the following information and sign below:

- 1) I understand that yoga can be relaxing and reduces muscular tension, but is not a substitute for medical examination, diagnosis, or treatment.
- 2) Any sexual remarks or advances to the teacher or fellow student will terminate the session and I will be liable for payment of the scheduled class.
- 3) Being that yoga should not be done under certain medical conditions, I have affirmed that I have answered all questions pertaining to medical conditions truthfully.

Client Signature: _____ Date: _____

Yoga Teacher Liability Student Waiver Agreement

I _____ (printed name), on _____ (date) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education, and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated entirely. I acknowledge that yoga is an exploration of a person's physical and mental potential, and that my participation in yoga may cause potential death, serious injury, or property damage.

If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment.

Yoga is not recommended nor safe under certain medical conditions.

With a full understanding of the potential risks, I hereby assume the risks of participating in a yoga class and affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably waive, release, and discharge any claims

and/or liabilities for death, personal injury, or damages of any kind, except that which is the result of gross negligence and/or misconduct of the persons or entities listed below, that I have now or hereafter may have against the following persons or entities:
Jessica Colleen Walker or Be Loving Yoga, LLC

I agree to not sue any of the persons or entities listed above for any of the claims or liabilities that I have waived, released, or discharged herein. I indemnify and hold harmless the persons or entities mentioned from any claims made or liabilities assessed against them as a result of my actions.

Client Signature: _____ Date: _____