



## CLIENT INTAKE FORM

Please complete and return to your yoga teacher prior to commencing your 1<sup>st</sup> class.

All information on this form will be treated as strictly confidential and used by your teacher to better understand your needs, goals and interests.

### CLIENT INFORMATION

Client Name:		
DOB:	/ /	AGE:
Phone:	(m)	(h)
Emergency Contact:	(name)	(phone)
Address:		

### PRE-PARTICIPATION PHYSICAL EVALUATION

Circle questions where you don't know the answer. Please explain 'yes' answers below.

1	Has your Doctor/Physician ever denied or restricted your participation in exercise/sports/yoga?	YES/NO
2	Has your Doctor/Physician restricted or denied your participation in exercise/sports/yoga currently?	YES/NO
3	Have you ever passed out/felt dizzy or fainted during or after exercise/yoga?	YES/NO
4	Have you ever had chest pain/racing or skipping heartbeats or a heart murmur?	YES/NO
5	Has any family member or relative died or heart problems before the age of 50?	YES/NO
6	Have you ever had a seizure, severe headache or been unconscious due to head injury?	YES/NO
7	Do you have asthma, cough, wheeze or trouble breathing?	YES/NO
8	Have you had a severe viral infection within the past month?	YES/NO
9	Do you have any current skin problems (itching, rashes, warts, fungus or blisters)?	YES/NO
10	Have you ever become ill from exercising in the heat?	YES/NO
11	Do you have allergies?	YES/NO
12	Are you diabetic or do you have any metabolic disorders?	YES/NO
13	Do you use any special protective/corrective equipment (i.e. knee brace, hearing aid, support tape)?	YES/NO
14	Do you have any current injuries or restrictions or limitations?	YES/NO
15	Are you currently feeling stressed, overwhelmed, anxious or depressed?	YES/NO
16	Do you want to weigh more or less than you do now?	YES/NO
17	Have you been recommended to attend yoga by another medical, health or allied health professional?	YES/NO
18	Is yoga part of a plan to meet requirements of your sport?	YES/NO
19	Have you had any surgeries, injuries, broken bones or dislocated	YES/NO

	joints?	
20	Do you have any problems with pain or swelling in muscles, tendons, bones, spine or joints?	YES/NO
Q 20 If yes, please check location and explain below		
Neck/ Upper Back	<input type="checkbox"/>	Mid Back <input type="checkbox"/>
Head	<input type="checkbox"/>	Shoulder <input type="checkbox"/>
Knee	<input type="checkbox"/>	Ankle <input type="checkbox"/>
		Lower Back <input type="checkbox"/>
		Elbow/ Wrist <input type="checkbox"/>
		Foot <input type="checkbox"/>
If yes, to other questions please explain/expand here		
To the best of my knowledge, my answers above are complete and correct.		
_____ Date:    /    /		
Signature of Participant/Parent Guardian		

### WAIVER & RELEASE FORM

Because yoga and physical exercise can be strenuous and subject to risk of serious injury, we urge you to obtain a physical examination from a doctor before participating in any yoga or exercise activity. You agree that by participating in yoga or training activities, you do so **entirely at your own risk**. Any recommendations for changes are entirely your responsibility and you should consult a physician prior to undergoing any changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises **and assume all risks** of injury, illness, or death. We are also not responsible for any loss of your personal property.

You acknowledge that you have carefully read this “waiver and release” and fully understand that it is a **release of liability**. You expressly agree to release and discharge the owner, teacher or instructor from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the owner, teacher or instructor for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Dated: \_\_\_/\_\_\_/\_\_\_