

Soul Rebellion Yoga

Yoga Client Intake Form - Confidential Information

Welcome! We are so pleased to have the opportunity to work with you, meeting you where you are and working towards your goals together. If at any time you have any questions or concerns, please ask!

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How did you find me? (name, flyer, website, etc.) _____

Have you practiced yoga before? Yes No If yes, date of last class: _____

How frequently do you practice yoga? Daily Weekly Monthly

In which yoga style are you most interested? (Circle all that apply)

Hatha Vinyasa Chair Restorative Other: _____

What are your goals/expectations for your yoga practice? (Circle all that apply)

Strength training Flexibility Balance Stress relief Address health concern Alternative therapy

Improve fitness Weight management Increase well-being Injury rehabilitation

Positive reinforcement Other/ Explain: _____

Do you have any medical conditions? _____

Are you currently or trying to become pregnant? _____

Please list any challenges or injuries that you want to address or that may affect your yoga practice:

YOGA TEACHER LIABILITY – Practice with Soul Rebellion Yoga

STUDENT WAIVER AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension.

Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. 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. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Liz Havey.

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Liz Havey from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class.

My signature further acknowledges that my participation in yoga practice is voluntary and exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release the instructor(s) and the site at which they teach from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

If I am pregnant or become pregnant, am post-natal, or otherwise under the care of a physician due to surgery, illness or injury, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

A strict 24 hour cancellation policy dictates the terms of participation. Notice of less than 24 hours will result in the full charge of my regularly scheduled class.

I understand that to maintain my preferred meeting date and time utilization minimums of 75% dictate the terms of participation. Utilization will be reviewed on a monthly basis. Failure to utilize at least 75% of the allocation may result in rescheduling in the future.

My signature is binding to this liability waiver from this day forth.

Signature of student, parent or guardian

Date