

INFORMATION

Name: _____ Nickname, if preferred: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Phone #s: Cell _____ Home _____ Work _____ Ext: _____

Preferred method for appt reminders? Email Cell Home Work

Birthday (mm/dd/yy): ____/____/____

Current Occupation: _____ Full-time Part-time

EMERGENCY CONTACT

Name: _____ Relationship _____ Phone #: _____

Please add me to your newsletter to receive information on upcoming retreats, workshops, special events, discounts, and specials: **Yes / No**

Whom may I thank for your referral?

REFERRAL: Healing Practitioner / Another Client / Friend Name: _____

INTERNET: Facebook / Twitter / Yelp / Google Search, keywords: _____

ADVERTISING: Flyer / Business Card / Other: _____

Policies I agree to give 24 hours notice for any cancellations or modifications to my scheduled appointment or I will be charged in full. I understand that time will not be added to my appointment for my tardy arrival and I will be charged in full for my scheduled session. INITIAL HERE: _____

SESSION COMFORT

Do you tend to run: warm / cold / neither (Please be prepared by wearing comfortable layers)

Please circle any that will make your experience more pleasant and cross out any that will adversely affect your session: candlelight / incense / sage / light music / other:

Do you have any pet/animal or other environmental allergies?

GOALS

Are you interested in: Yoga Therapy Private Yoga Sessions Meditation

What would you like to achieve out of our sessions together?

HISTORY

Please list your yoga experience, if any.

On a 1 (low) to 10 (high) scale, how is your current level of: Stress _____ Energy _____
What are your major sources of stress?

How many hours of sleep do you average? _____ Do you have any difficulty sleeping? No / Yes

What daily or weekly practices do you utilize for self-nourishment?

Are you currently taking any medication? No Yes

List:

Do you have a health condition or are you on any medication that would preclude you from practicing yoga? No / Yes

List:

Women: Are you pregnant or is there any current possibility of being pregnant? No Yes

**If you are pregnant, please complete page 4 in full

Please list any additional surgery(s), accidents, diseases, other relevant conditions and their beginning and end date(s).

Do you have any current health concerns you would like to focus on?

Please list any other modalities you are currently utilizing. (ie physical therapy, acupuncture, Ayurveda, yoga, pilates, etc)

WAIVER, RELEASE, AND ASSUMPTION OF RISK

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver, Informed Consent, and Covenant Not to Sue. I, _____, have volunteered to participate in a program of physical exercise under the direction of Winter Brown/Winter Brown Yoga, which will include, but may not be limited to, Yoga Therapy, yoga postures, breathing techniques, and meditation. In consideration of Winter Brown/Winter Brown Yoga, agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold Winter Brown/Winter Brown Yoga harmless from any and all claims, demands, rights of action, or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom.

This waiver and release of liability includes, without limitation, injuries which may occur as a result of 1) equipment that may malfunction or break; 2) any slip, fall, draping of equipment or property within premises; and 3) ailments during/post instruction.

Assumption of Risk. I, _____, recognize that exercise might be challenging and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain accelerated physical and emotional changes during yoga therapy, yoga, and exercise does exist. I understand that as a result of my participation in herein programs I could suffer an injury. I recognize that an examination by a physician should be obtained prior to involvement in any exercise program. If I _____, have chosen not to obtain a physician's permission prior to beginning this exercise program with Winter Brown/Winter Brown Yoga, I hereby agree that I am doing so at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I acknowledge that I have thoroughly read this waiver and release and fully understand that it is a release of liability. By signing this document, I am waiving any right I or my successors might have to bring a legal action or assert a claim against Winter Brown/Winter Brown Yoga.

Signature

Date

Printed Name

PREGNANT WOMEN

Name: _____ Date _____ # Weeks Pregnant: _____ Due Date: _____

It is my intent to provide you with a safe and supportive Yoga Therapy and/or yoga class experience during and/or after your pregnancy. There are some conditions I need to be aware of in order to structure our classes in the best interest of you and your baby. First and foremost, it is important to ask your maternity healthcare provider if he or she has any concerns about you participating in pre- or postnatal yoga. If there are specific precautions, please contact me about them either by phone (925-321-8425) or email (winterbrownyoga@gmail.com). You are also welcome to have your healthcare provider contact me directly, or request that I contact him or her. This would require a written release. In addition to discussing class with your healthcare provider, please spend a few moments filling out the following form.

Please list any high risk factors or pregnancy complications that you and/or your doctors would like me to know.

Please describe any areas of tension/discomfort that you are experiencing and for how long:

What are you hoping to gain from participating in Yoga Therapy or prenatal yoga in particular relation to your pregnancy? (if not already mentioned in the previous general info form)

Is there anything else you would like me to be aware of?

I _____ verify that I have been informed of the possible benefits and contraindicated conditions for yoga practice during pregnancy and postpartum. I will discuss with my physician/certified prenatal healthcare provider any health concerns that he or she or I have about participating in yoga classes.

_____ (Initial) I have noted on the above list all prenatal complications, risks or conditions I am/have experienced AND I have discussed it with my maternity healthcare provider and obtained his or her release.

I understand that I will be receiving a Yoga Therapy session and/or pre- or postnatal yoga as a form of adjunctive health care only and that it is not a substitute for obstetric prenatal or perinatal care from a medical doctor or other licensed provider. I hereby release and hold harmless and defend the practitioner from any claims, liability, demands and causes of action arising from my and my child's participation in this class.

Signature

Date

Printed Name