

Client Intake and Waiver Form

The following is a form asking for important personal information. Your responses help me, as your Yoga instructor, to best meet any special needs you may have. Thank you for supplying me with the following information:

PLEASE PRINT. All information is confidential.

Name: _____ Email: _____

Address: _____

Telephone: _____ Age: _____ Birthdate: _____

Emergency Contact Name and Phone: _____

How would you describe your present state of health?

Are you taking any long-term medication?

Please check any of the following which apply to you:

- () chronic sinus condition
- () heart trouble
- () headaches
- () diabetes
- () hypoglycaemia
- () asthma/respiratory problems
- () allergies:
- () ulcer
- () arthritis, type:

• PLEASE TURN OVER 

- epilepsy
- back problems:
- thyroid problems
- high blood pressure
- recent major surgery:
- low blood pressure
- past injuries:
- cancer
- chronic fatigue
- fibromyalgia
- hernia
- digestive problems
- any other:

I hereby certify the above information is true and complete to the best of my knowledge and that I will not hold Christine Lewis, my yoga instructor, liable for any mishaps arising from my participation in a yoga class. I will take care to be aware of my limitations and any other concerns I have regarding my participation in yoga classes.

ANY ADVICE GIVEN IS NOT MEANT TO REPLACE YOUR DOCTOR'S CARE. ALWAYS CHECK WITH YOUR DOCTOR BEFORE STARTING ANY NEW EXERCISE REGIME.

Signature: _____ Date: _____