



Yoga Client Intake Form Confidential Information

I would like to make your experience at Basement 249 as effective and enjoyable as possible. If at any time you have questions regarding your session, please let me know.

Name _____ Date of Birth _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Occupation _____

Emergency Contact (Name/Phone #) _____

Yoga Experience/Goals

Have you practiced yoga before? ____ No ____ Yes

If yes, date of last class or practice? _____

How often do you practice yoga? (circle one) Daily Weekly Monthly

What style(s) of yoga have you practiced most frequently? (circle all that apply)

Hatha Ashtanga Vinyasa/Flow Iyengar Power Anusara

Bikram/Hot Yoga Kundalini Gentle Restorative Yin

What are your goals/expectations for your yoga practice? What benefits are you looking for? (circle all that apply)

Strength Training Flexibility Balance Stress Relief Health Concerns

Alternative Therapy Improve Fitness Weight Management Increase Well-Being

Injury Rehabilitation Positive Reinforcement Spiritual

Other _____

Lifestyle & Fitness

How do you rate your current level of activity? (circle one)

Sedentary/Very Inactive Somewhat Inactive Average Somewhat Active

Extremely Active

On a scale of 1-10, (1 is lowest, 10 is the highest) how would you rate your level of stress? 1 2 3 4 5 6 7 8 9 10

Physical History

Please review this list and check those conditions that have affected your health either recently or in the past.

- | | | |
|--|---|--|
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> diabetes type 1 & 2 | <input type="checkbox"/> pregnancy (EDD _____) |
| <input type="checkbox"/> muscle strain/sprain | <input type="checkbox"/> high/low blood pressure | <input type="checkbox"/> surgery |
| <input type="checkbox"/> arthritis, bursitis | <input type="checkbox"/> insomnia | <input type="checkbox"/> seizures |
| <input type="checkbox"/> disc problems | <input type="checkbox"/> anxiety/depression | <input type="checkbox"/> stroke |
| <input type="checkbox"/> scoliosis | <input type="checkbox"/> asthma, short breath | <input type="checkbox"/> heart conditions/
chest pain |
| <input type="checkbox"/> back/neck problems | <input type="checkbox"/> numbness,
tingling anywhere | <input type="checkbox"/> glaucoma/detached
retina |
| <input type="checkbox"/> osteoperosis | <input type="checkbox"/> cancer | <input type="checkbox"/> knee problems |
| <input type="checkbox"/> hip problems | <input type="checkbox"/> low blood sugar | <input type="checkbox"/> vertigo/dizziness |

auto-immune *

(*AIDS, fibromyalgia, chronic fatigue, lupus, etc)

Other/Explain:

Are you currently taking any medications? Yes No If yes, please list names and reason for medications.

If any of the information on this form needs to be detailed or if there is anything else to share please do so:

Yoga Teacher Liability/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 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 yoga teacher (Karen Kimbro). 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.

By signing my name below, I acknowledge that participation in yoga classes exposes me to possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any yoga class.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from yoga classes, Karen Kimbro and Basement 249, who is hosting these classes and where sessions are being held, and each of their directors, officers, employees, volunteers, representatives, agents, family members and guests; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or persons mentioned in this paragraph as to any and all liabilities or claims made as a result of participation in the yoga classes, whether caused by the negligence of releasees or otherwise.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Karen Kimbro and/or Basement 249; 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 or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval and with the full knowledge of Karen Kimbro and Basement 249. I realize that I am participating in yoga classes at my own risk.

The Student Waiver Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this Student Waiver Agreement form will be used by the persons or entities being released in the yoga classes and that it will govern my actions and responsibilities in said classes.

I hereby certify that I have read this document; and, I understand its content.

I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

I also understand at the yoga classes or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by Karen Kimbro or Basement 249.

Signature of student, parent or guardian (if student is less than 18 years of age) Date

Name of student (print clearly)

Name of parent, guardian if student is less than 18 years of age

