

Yoga with Audrey O'Marra

Client Record Form

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: *Home* _____ *Other* _____

Email: _____

How did you hear about us? Friend [] Ad [] Web [] Gift Cert. []

HEALTH INFORMATION

Has your doctor at any time restricted you from strenuous activity? Yes [] No []

Please check if you have the following:

High Blood Pressure Yes [] No []

Headache / Migraines Yes [] No []

Heart Trouble (Y, explain) Yes [] No []

Had a stroke: Yes [] No []

Arthritis Yes [] No []

[] Rheumatoid [] Osteoarthritis

Asthma / Respiratory Problems Yes [] No []

Degenerative Disc Disease Yes [] No []

Any neck or back pain: Yes [] No []

Shoulder pain, elbow pain: Yes [] No []

Hip or knee pain (explain): Yes [] No []

Carpal Tunnel Yes [] No []

Chronic Fatigue or Fibromyalgia Yes [] No []

Eye Disease - retinal bleeding, glaucoma Yes [] No []

Are you pregnant? Yes [] No [] How many months? _____

Are you currently recovering from injury/surgery? If so, explain. Yes [] No []

If you have any heart conditions or you are pregnant; you must speak to your doctor to obtain permission and receive information regarding any cautions and restrictions.

Do you mind being physically corrected in the post by the teacher? Yes [] No []

Have you done yoga before? Yes [] No []

If yes, how long? _____ What style of yoga? _____

What are you hoping to gain from yoga practice?

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TERMS AND CONDITIONS

I expressly acknowledge that I will be engaging in yoga exercises that may involve inherent risks including, but not limited to, physical activity that may result in pain or bodily injury. I hereby state that I am and will be voluntarily participating in these activities and hereby assume all risks and injury which might result from these activities. I, for myself, my heirs, executors, administrators and assigns, release and hold harmless the yoga teacher and its respective servants, agents, members, directors officers, employers, employees from any claims, demands, damages, actions or causes of actions arising out of or in consequences of any loss, injury or damage to my person or property incurred while practicing yoga at any time or pace, without limiting the generality of the foregoing, specifically, while attending at or participating in yoga classes, yoga workshops, or other meetings, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence or gross negligence of the teacher, its servants, agents, members, directors, officers, employers or employees OR the rental space owner(s), and its employees.

I hereby acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability of the yoga teacher and agree that such a waiver and release is reasonable and proper based on the nature of the activity.

I hereby waive and release the yoga teacher, Audrey O'Marra, from any claims that I may have against the teacher with respect to any loss or theft of personal property while I am attending yoga class(es).

I CERTIFY THAT I HAVE READ THE ABOVE AND I UNDERSTAND THE TERMS OF THIS AGREEMENT, SUCH RULES AND REGULATIONS OUTLINED ABOVE AND I AGREE TO ABIDE BY SUCH RULES AND REGULATIONS.

*** Cancellation is required 2 weeks ahead of scheduled time. Alternatively, a full payment is required. (Your weeks of purchase are not transferable to other people or other sessions.)*

Signature _____ Date: _____

Thank you.