

**Private Yoga Session
Client Intake**

Confidential Information:

Name: _____

Date: _____

Address: _____

Home #: _____

City: _____

Cell #: _____

State: _____

Zip Code: _____

E-mail: _____

DOB: _____

Have you ever practiced yoga? Yes No

Are you pregnant? Yes No

Would you like to be added to my email list? Yes No

What is your intention for the private yoga sessions?

List all present physical and mental challenges. Provide a brief synopsis of past physical and mental obstacles.

Please list your surgical history:

Movement Restrictions:

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Medications:

**Please read the following
AGREEMENT OF RELEASE and WAIVER OF LIABILITY
carefully before signing:**

I understand and acknowledge the fact that in yoga, as in other forms of exercise, sports, bodywork, or self-development, there exist certain inherent risks. I voluntarily participate in the yoga instruction with Jude Monteserrato. I agree to assume full responsibility for all risks, injuries, or damages of participating in yoga.

I understand that it is my responsibility to consult with my health care practitioner prior to and regarding participation in yoga classes and workshops.

By signing below, I release Jude Monteserrato from liability, and hold her harmless for any injury to my person incurred while on the premises at 240 Columbia Street, Wakefield, RI 02879, whether caused by negligence or otherwise.

Participant has read and fully understands the release for liability.

Cancellation Policy

If I am not able to make a scheduled appointment, I agree to cancel the appointment 24 hours in advance by phone. If I miss a scheduled appointment without giving 24 hour notice, I agree to pay any missed appointment charge applicable.

Date: _____

Print Name: _____

Signature: _____