



PATIENT/CLIENT INTAKE FORM

The following information needs to be gathered in order for us to formulate a safe and effective session for you. This information will be kept confidential and cannot be released without your written consent unless obliged by law. This information may be shared amongst other health information custodians or circle of care for the purpose of your health care. Please feel free to ask any questions about the information being requested.

Full Name		
Date of Birth (MM/DD/YYYY):		Gender: Male or Female
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Address:		Apt #:
City:	Province:	Postal Code:
Occupation:		
Who may we thank for referring you to our care?		

Release and Waiver of Liability Agreement

New participants are required to complete this form before participating in their first yoga class.

I, _____ am choosing to participate in yoga classes taught by Shanta Alexander, the yoga teacher, and hereby understand and agree to the following as conditions of participation:

1. I understand that yoga requires physical exertion which may be strenuous and I am fully aware of the risks and hazards involved. I further recognize that there are inherent risks in the practice of yoga which could potentially result in possibly physical injury to me.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes and I am physically fit and do not have any medical conditions which would prevent my full participation.
3. I understand that if there are any changes to my health it is my responsibility to consult a physician to ensure I am able to continue to take part in physical activity and yoga classes.
4. I understand that the yoga teacher does not provide medical advice or treatment for any mental or physical condition.
5. I will act in a safe and responsible manner and participate within my limits.
6. I agree to assume full responsibilities for any risks, injuries, or damages, known or unknown, which may occur as a result of my participation in yoga classes.
7. I understand I can choose to stop participation in the yoga class anytime.
8. I, my heirs, or legal representatives, hereby voluntarily and expressly release, waive, forever discharge, and agree to indemnify and hold harmless, Shanta Alexander, from any and all claims I may have and front any and all liability for any loss, damage, expense, or injury, that I may incur or sustain as a result of my participation in yoga classes.
9. I agree that Shanta Alexander is not responsible for any of my personal property at any time.

I have read the above release and waiver of liability and fully understand and voluntarily agree to its contents.

Client Name (Printed): _____

Client Signature: _____ Date: _____