



YOGA CLIENT INTAKE FORM - CONFIDENTIAL INFORMATION

WELCOME! I would like to make your yoga experience at Rising Dawn Yoga Studio as effective and enjoyable as possible. If at any time you have questions regarding your session, please let us know.

Name _____

Date of birth _____

Address _____

City, State, Zip _____

Cell Phone: _____

Email Address

Emergency Contact (name, #)

How did you find us? (Name, Flyer, Ad, website, etc.):

YOGA EXPERIENCE/GOALS

Have you practiced yoga before? ____ No ____ Yes

(date of last class/practice _____)

How often do you practice yoga? (circle one) DAILY WEEKLY MONTHLY

Style(s) of yoga practiced most frequently: (circle all that apply)

Hatha Ashtanga Vinyasa Iyengar Power Bikram. Kundalini Restorative/Yin

Other: _____

What are your goals/expectations for your yoga practice? What benefits are you looking for?

(circle all that apply, explain)

Strength training Flexibility Balance Stress relief Address health concern Alternative therapy

Improve fitness Weight management Increase well-being Injury rehabilitation

Positive reinforcement

Other/

Explain: _____

Personal Yoga Interests: (circle all that apply)

Asana (postures) Pranayama (breath work) Meditation Yoga Philosophy Ayurveda

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 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:

broken/dislocated bones diabetes type 1 or 2 pregnancy (EDD_____)

muscle strain/sprain high/low blood pressure surgery

arthritis, bursitis insomnia seizures

disc problems anxiety/depression stroke

scoliosis asthma, short breath heart conditions, chest pain

back problems numbness, tingling anywhere auto-immune condition*

osteoporosis cancer (explain below)

*(AIDS, fibromyalgia, chronic fatigue, lupus)



PLEASE READ & SIGN BELOW

We are delighted to have you as a yoga student at Rising Dawn Yoga Studio. The above information will help you get the most out of your yoga classes and clarify our instructor/student relationship. We believe that Yoga is more than physical exercise. It is a transformative practice that integrates body, mind and emotional tensions to arrive at deeper levels of relaxation and awareness.

All exercise programs involve a risk of injury. By choosing to participate in yoga classes, you voluntarily assume a certain risk of injury. Awareness is fundamental to the practice of Yoga.

By attending these classes, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga, a program of physical exercise. I agree to inform my yoga instructor of any activities or movements, which I feel could cause injury to myself. I understand that yoga is not recommended and is not safe under certain medical conditions. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. I hereby release and forever discharge Rising Dawn Yoga Studio, and their respective officers, shareholders, employees & agents from any liability whatsoever out of or in connection with my participation in or attendance at any Rising Dawn Yoga Studio class or activity whenever conducted and by who ever conducted and will further indemnify and hold harmless the foregoing parties from any loss, cost, damage or expense (including attorney's fees and cost of litigation) that they may incur as a result of my attendance or participation of any Rising Dawn Yoga Studio class or activity. I agree to listen to my body and monitor myself during every class session.

Signature: _____ Date: _____

Print: _____