



*Nicole Anne Yoga*

### Private Lesson Intake Form

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Communication Mode (Circle one):      Email      Phone

Birthday: \_\_\_\_\_

Would you like information on my classes and workshops? Y\_\_\_\_\_ N\_\_\_\_\_

Emergency Contact (name & number): \_\_\_\_\_

\_\_\_\_\_

Have you previously practiced yoga? If yes, how long ago, how often, and what type(s)?

\_\_\_\_\_

\_\_\_\_\_

1. What goals or intentions do you have for your yoga practice? Check all that apply:

- Stress/anxiety reduction
- Increased stamina
- Stretching/Flexibility
- Improved concentration
- Reduced back pain
- Relaxation
- Injury management
- Meditation
  
- Better muscle tone
- Other: \_\_\_\_\_
  
- Weight loss
- \_\_\_\_\_

2. Describe your average daily routine:

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3. What days and times work best for your practice?

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4. What other types of exercise/physical activities do you engage in?

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5. Do you have any limitations, injuries, or medical, emotional or physical conditions that may impact your yoga practice? If so, how long have they existed and are you currently under a doctor's care? Please advise if you are taking any medications.

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## Student Waiver Agreement

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, risk of injury, even serious or disabling, is always present and cannot be eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. 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 medication conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter that I may have against \_\_\_\_\_ (TEACHER).

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release \_\_\_\_\_ (TEACHER) from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against \_\_\_\_\_ (TEACHER); 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. I realize that I am participating in yoga classes at my own risk.

My signature is binding to this liability waiver from this day forth.

\_\_\_\_\_  
Signature of student, parent or guardian

\_\_\_\_\_  
Date