Yoga Questionnaire *All information is confidential

Name:
Address:
Email Address:
Phone:
Referred by:
-

- 1. What made you decide to inquire about yoga?
- 2. Do you practice yoga regularly or have you ever tried a yoga class?
- 3. If yes, what style of yoga have you tried?
- 4. How often do you practice?
- 5. Is there anything specific you were hoping we could address with yoga, such as stress, centering, posture, strength or flexibility in an area?
- 6. Would you like a general practice of postures and a breathing practice that you can fit in to your schedule aside from our time together?
- 7. What have your previous experiences with yoga been like, if any?
- 8. What is your reason or motivation for taking yoga?
- 9. Do you have any injuries, recent surgery or health conditions we should watch out for?
- 10.Is there anything else I should know in order to work best with you?



Yoga Teacher Liability Student Waiver Agreement

I ______(print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely 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.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical 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 may have against **Dana Pupkar**, **RYT200** or **Ashva Power Yoga**, **LLC**.

Signature of Student:	Date

If under 18, parent or guardian _____

Address:_____

Email:	Phone:

Dana Pupkar, RYT200 – Yoga Alliance

Ashva Power Yoga, LLC 240-876-5831 www.ashvapoweryoga.com