

# 2021 | Client Form

group class | private lesson | online | in-person



## CONTACT INFORMATION

Name:

Pronouns:

Email:

Phone:

Address:

## EMERGENCY CONTACT

DOB:

Name:

Phone:

Relation:

Lesson Type\*: Private

Group

Online

In-Person

\*please check each type you are interested in

**What is your experience with yoga? What would you like to gain through practicing yoga?**

*Examples: balance, strength, relaxation, better sleep, trauma work, mental disorder work, philosophy etc.*

**Do you have any injuries or medical conditions (high blood pressure, heart condition, surgeries, medical restrictions, etc.) that we need to be aware of?**

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## PRIVATE LESSON POLICY AGREEMENT

*( please initial each box to confirm you have read & agree the each policy )*

For cancellations made less than 24 hours in advance, the full fee is due.

Client is responsible to contact Annalise Freytag if you are canceling last minute.

No call, no shows will be charged the full amount.

Exceptions are made for clients who encounter unforeseen life-threatening medical emergencies and family deaths.

All private session are 60-75 minutes in length and are solely for the client stated in this waiver.

Looking to add a plus one? The more the merrier! Please contact us via. email or phone so that we can send waivers and discussing rates.

Private sessions/packages expire one year from the date of purchase.

Payments must be paid prior or within 24 hours of scheduled lesson.  
Failure to remit payment may result in cancellation of sessions.

COMMENTS | CRITS | & ANY ADDITIONAL INFO YOU WOULD LIKE US TO BE AWARE OF.....

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## WAIVER

This form is an important legal document. It explains the risks you are assuming by beginning an exercise, therapy or physical program. It is critical that you read and understand it completely. After you have done so, please print your name legibly, sign and date in the spaces provided at the bottom. Waiver, Informed Consent, and Covenant Not to Sue. I \_\_\_\_\_, have volunteered to participate in a program of physical exercise under the direction of Annalise Freytag/Trikona Yoga LLC, which will include, but may not be limited to, yoga postures, breathing techniques, and meditation. In consideration of Annalise Freytag/Trikona Yoga LLC, agreement to instruct, physically assist, and train me, I do here and forever release and discharge and hereby Annalise Freytag/Trikona Yoga LLC harmless from any and all claims, demands, rights of action, or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom.

This waiver and release of liability includes, without limitation, injuries which may occur as a result of instruction, demonstration, equipment that may malfunction or break; any slip or fall within premises; and ailments during/pre/post instruction.

Assumption of Risk. I, \_\_\_\_\_ recognize that exercise or physical activity might be challenging and that there could be dangers inherent in exercise for some individuals. I understand that as a result of my participation in herein programs I could suffer an injury. I recognize that an examination by a physician should be obtained prior to involvement in any exercise program.

If I, \_\_\_\_\_ have chosen not to obtain a physician's permission prior to beginning this exercise program with Annalise Freytag/Trikona Yoga LLC, I hereby agree that I am doing so at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST ANNALISE FREYTAG/TRIKONA YOGA LLC.

Client's Printed Name:

Client's Signature:

Date:

*Thank You!*