

Private Yoga Instruction Intake Form: Peaceful Touch Healing Arts

Name: _____

Date: _____

Birthdate: _____

Occupation: _____

Phone: _____

Email: _____

Emergency Contact/Relationship/Phone _____

What is your current physical state? Are you currently working through any illness, injuries, tightness, physical challenges in your body? _____

Have you had any health conditions, injuries or surgeries in the past? Date? Are you still affected from these injuries/surgeries? _____

Please describe your current selfcare (includes treatments, physical activities/exercise/mindfulness/ and frequency): _____

Have you done yoga before? If yes what did you like about it? What did you dislike about it?

What would you like to work on in your private yoga instruction? Please check

Strength **mobility** **relaxing** **having better focus** **Balance**

other (please explain) _____

What are your goals for your private yoga instruction? _____

What would make your experience here completely satisfactory? _____

Mission Statement: My mission as a yoga teacher is to hold my students/clients in a safe and non - judgmental space. A space where they can relax out of the mind, deepening into the body, feeling fully supported by the present moment. I will teach proper alignment and support my students to feel safe in their practice. I empower my students to love themselves wholly, listen deeply, and inspire them to take the peace they find in themselves out into to the world.

Liability Waiver

It is my responsibility to inform the instructor of my limitations before private yoga instruction begins. I understand that not all poses are safe for certain medical conditions and I have informed my instructor of all medical conditions and will update my yoga instructor when new medical conditions arise. I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in the instruction/classes/workshops offered by Peaceful Touch LLC. I understand that if I have a known health condition or injury it is my responsibility to consult with a health physician before I began yoga instruction. As with any physical activity and bodywork modality there may be unwarranted side effects and possible injury. I understand the risks associated with the activities offered by Peaceful Touch LLC and I agree to follow all instructions so that I may safely participate in classes, workshops, or other activities.

I hereby WAIVE AND RELEASE Peaceful Touch LLC from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered at Peaceful Touch's home or studio space, including but not limited to, the inside and outside premises/parking lot. In taking part in the private yoga instruction, yoga classes, workshops, or other activities at Peaceful Touch LLC home or studio space I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the classes, workshops, or other activities.

I understand the 24-hour cancellation policy. All yoga instruction appointments canceled within 24 hours of scheduled time will be charged a \$25 cancellation fee and appointments canceled within 2 hours and no shows will be charged full price of service. I also understand that any illicit or sexually inappropriate behavior, verbal remarks, or advances by me will result in immediate termination of session and required to pay full amount for session time.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above. Please practice mindfully and enjoy the many benefits of practicing yoga with Peaceful Touch LLC.

*** your **email** will be added to the seasonal newsletter for updates/classes, usually seasonally. You have the option to unsubscribe at the bottom of emails.

Print name: _____

Signature: _____ Date Signed: ____/____/____

If participant is under 18:

As Parent or Legal Guardian of _____ I consent to the above terms and conditions.

Signature: _____ Date Signed: _____