

Yoga Class Intake Form

Client Information

Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Cell Phone: _____
Email: _____ Occupation: _____
Emergency Contact (Name) _____ Relationship: _____ Phone: _____
How did you hear about Downtown Yoga? _____
Goals you want to achieve through Yoga? _____

I acknowledge, to the best of my ability, that I am in good health and have no known medical problems that would restrict my ability to participate in this exercise program.

Signature _____ Date: _____



Yoga Class Waiver of Liability-Informed Consent Release

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

I, _____, have volunteered to participate in a program of physical exercise under the direction of the instructors at Downtown Yoga, which will include, but may not be limited to, yoga classes which may involve strenuous physical activity. In consideration of the Instructor's agreement to instruct, assist, and train me, I do here and forever release, discharge, and hereby hold harmless Downtown Yoga, and its respective agents, heirs, assigns, contractors, and fellow employees 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 there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF 1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK; 2) ANY SLIP OR FALL ON THE PREMISES; 3) NEGLIGENT INSTRUCTION OR SUPERVISION.

I understand and am aware that strength, flexibility, and aerobic exercise, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program. If I have chosen not to obtain a physician's permission prior to beginning this exercise program, I hereby agree that I am doing so at my own risk.

I recognize that many changes may occur as a result of these exercise sessions, including possible short-term aggravation of some symptoms including feelings of lightheadedness, increased energy, feelings of tiredness, etc. I acknowledge and agree that no warranties of 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 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 DOWNTOWN YOGA, OR ANY OF ITS FELLOW EMPLOYEES, AGENTS OR CONTRACTORS FOR ANY NEGLIGENCE.

Participant's Signature: _____ Date: _____
Participant's Name (Please print): _____