



BLUFFS YOGA

CLIENT IN-TAKE FORM

bluffsyoga.com

Please take some time and tell me about yourself to make our practice together as safe, comfortable, and enjoyable as possible. If at any time you have questions regarding your session, please let me know. Your health is my primary objective.

PERSONAL INFORMATION

Full Name

Full Address

Birth of Date

Email

Phone Number

Emergency Contact

YOGA HISTORY

Have you practiced Yoga before?

If YES, last date of class/practice?

How often do you practice Yoga?

Style(s) of Yoga most practiced?

YOGA GOALS

Stress Relief

Stength

Balance

Weight Loss

Flexibility

Mental Health



LIFESTYLE & FITNESS

How do you rate your current level of activity?

Very inactive

Average

Active

Very Active

On a scale of 1 to 10, how would you score your current level of stress?

1

2

3

4

5

6

7

8

9

10

PHYSICAL HISTORY

Please review the list below and check any conditions you have experience either recently or in the past

Asthma

Broken Bones

Diabetes

Disc Problem

Heart Conditions

Surgery



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PLEASE READ THE FOLLOWING INFORMATION AND SIGN BELOW

The above information will help you get the most out of your yoga classes and clarify our instructor/student relationship.

I believe that Yoga is more than just a physical exercise. It is a transformative practice that integrates body, mind and emotional tensions to arrive at deeper levels of relaxation and awareness. All programs involve a risk of injury. By choosing to participate in Yoga classes, you voluntarily assume a certain risk of injury. Awareness is fundamental to the practice of Yoga.

By attending these classes, I affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga, a program of physical exercise. I agree to inform my yoga instructor of any activities or movements, which I feel could cause injury to myself. I understand that yoga is not recommended and is not safe under certain medical conditions. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program.

I hereby release and forever discharge [Bluffs Yoga](#), and their respective officers, shareholders, employees & agents from any liability whatsoever out of or in connection with my participation in or attendance at any [Bluffs Yoga](#) class or activity whenever conducted and by who ever conducted and will further indemnify and hold harmless the foregoing parties from any loss, cost, damage or expense (including attorney's fees and cost of litigation) that they may incur as a result of my attendance or participation of any [Bluffs Yoga](#) class or activity. I agree to listen to my body and monitor myself during every class session

Signature

Date