



YOGA TEACHER LIABILITY STUDENT WAIVER AGREEMENT

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reeducation and relief of muscular tension. Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, vibrational sound therapy techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges I understand that in yoga class I will progress at my own pace. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the yoga teacher (the “Teacher”), Courtney Smith, or cease the activity. I will continue to breathe smoothly. If at any point I feel overexertion, fatigue, or pain, I will respect my body’s limitations and I will either totally cease or rest before continuing yoga practice.

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, and understand that it is both recommended and my responsibility to consult my physician for guidance and clearance to participate in the practice yoga.

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during any yoga class.

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows: I (a) irrevocably WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL LIABILITY for my death, disability, personal injury, property damage, property theft or actions of any kind which hereafter may occur to me, including my traveling to and from yoga classes, Teacher and Lokah Wellness LLC, who is hosting these classes and where sessions are being held, and each of their directors, officers, employees, volunteers, representatives and agents; and (b) INDEMNIFY, HOLD HARMLESS AND AGREE NOT TO SUE the entities or persons mentioned in this paragraph as to any and all liabilities or claims made as a result of participation in the yoga classes, whether caused by the negligence of releasees or otherwise.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against Teacher and/or Lokah Wellness LLC; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class.

Next Page →

If I am pregnant or become pregnant or am postnatal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk.

The Student Waiver Agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I acknowledge that this Student Waiver Agreement form will be used by the persons or entities being released in the yoga classes and that it will govern my actions and responsibilities in said classes.

I hereby certify that I have read this document; and, I understand its content.

I am aware that this is a release of liability as well as a contract and I sign it of my own free will.

I also understand at the yoga classes or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purposes by the Teacher or Lokah Wellness LLC.

Signature of student, parent, or guardian

Date

Print Name

Name of parent, guardian if student is less than 18 years of age



LOKAH wellness

YOGA Client Intake Form --CONFIDENTIAL INFORMATION--

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name _____ Date of birth _____

Address _____

State _____ City _____ Home Phone _____

Work Phone _____ Occupation _____

Have you ever done or participated in yoga? _____ Yes _____ No

Type of yoga you have experience with _____

Are you currently taking any medications? _____ Yes _____ No

If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? Yes _____ No _____

If yes, please list names and reason/treatment _____

Please review this list and check those conditions that have affected your health either recently or in the past. Place a check mark next to the condition.

- | | | |
|---|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Bruise Easily | <input type="checkbox"/> Cancer | <input type="checkbox"/> Constipation/Diarrhea |
| <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> TMJ | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Insomnia | <input type="checkbox"/> High Bl. Pressure |
| <input type="checkbox"/> Muscle Strain/Sprain | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Pregnancy: if so, how many weeks? _____ |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Diverticulitis | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Whiplash | |
| <input type="checkbox"/> Autoimmunity* | <input type="checkbox"/> Depression, panic disorder, | |
| <input type="checkbox"/> Back Problems* | PTSD, other psych conditions. | |
| <input type="checkbox"/> Skin Conditions* | <input type="checkbox"/> Chemical Dependency | |
| <input type="checkbox"/> Surgery* | (alcohol, drugs) | |

If any of the above needs to be detailed or if there is anything else you'd like me to know (or I should know), please share:

Do you have any of the following today:

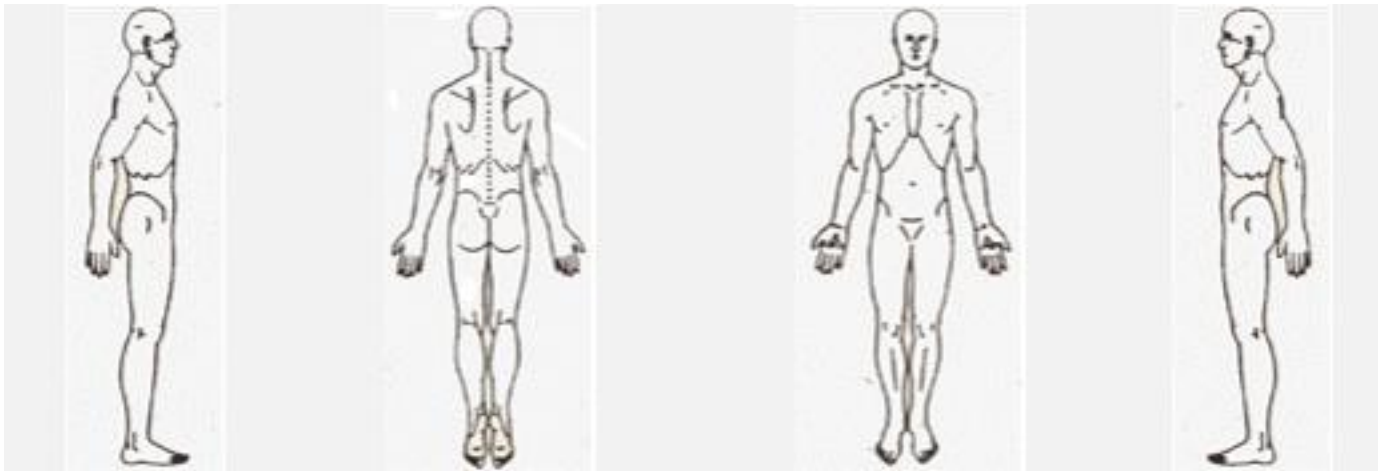
skin rash cold/flu open cuts severe pain
 anything contagious injuries/bruises

Do you have any allergies to:

medications foods
 environmental allergens (dust, pollen, fragrances) reactions to
 skin care products

If any of the above are checked, please give details: _____

Please indicate with an (X), if any, the areas in which you are currently or often feeling discomfort:



What brought you to yoga/do you have any goals you'd like to reach? _____
