

# NEW CLIENT REGISTRATION & LIABILITY WAIVER YOGA

DATE: \_\_\_\_\_

HOW DID YOU FIND US? \_\_\_\_\_

<b>Client Contact Information</b>				
First Name:	Last Name:		DOB:	
Address:		City:	State:	Zip:
Phone:		Email:		
Occupation:	Emergency Contact:		Contact Phone:	
<b>Client History/Background</b>				
Describe your immediate goals for private yoga sessions:				
Describe your long term goals for private yoga sessions:				
Have you practiced yoga before? If yes, what style and for how long?				
Do you have a meditation practice? If yes, please describe:				
Have you had any recent injuries or surgeries? If yes, please describe:				
Do you have any pain or other limitations? If yes, please describe:				
What treatment(s) have you received for this condition? <input type="checkbox"/> Medical <input type="checkbox"/> Physical therapy <input type="checkbox"/> Massage <input type="checkbox"/> None <input type="checkbox"/> Other (please describe):				

Please list any medications and their purpose:

Do you perform any repetitive movement in your work or recreation? If yes, please describe:

How much and what kind of exercise do you do in an average week:

**Females Only:** Have you had a child within the last three months?  Yes  No  
Are you pregnant?  Yes  No

### Agreement of Release and Waiver of Liability

I, \_\_\_\_\_, hereby agree to the following:

1. That I am participating in yoga sessions offered by Kirkland Whole Life Clinic and Sonia Weirich during which I will receive information and instruction about yoga, health and wellbeing. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in these yoga sessions. I represent and warrant that I am physically fit and have no medical conditions which would prevent my full participation in yoga sessions.
3. In consideration of being permitted to participate in yoga sessions, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in yoga sessions.
4. In further consideration of being permitted to participate in yoga sessions, I knowingly, voluntarily and expressly waive any claim I may have against Kirkland Whole Life Clinic or Sonia Weirich for injury or damages that I may sustain as a result of participating in the yoga sessions.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Kirkland Whole Life Clinic or Sonia Weirich for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand the contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Cancellation and Missed Appointments Policy

We understand there may be extenuating circumstances; however, we request that any cancellation or rescheduling of your appointment be made at least 24 hours in advance of the scheduled visit. Missed appointments or appointments cancelled less than 24 hours in advance can prevent us from serving others in need and disrupt our practitioner's schedules.

The fee for missed appointments/late cancellation is \$50.

Please note that insurance does not pay for cancellation or missed appointment fees.

\* \* \*

I, the undersigned, have been informed about the cancellation and missed appointment policy. I have further been informed that reminder calls are a courtesy and that I am responsible for remembering my appointment.

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Name (please print)

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Signature

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Date