



VIRTUAL YOGA CLIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Phone of Emergency Contact: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_

Would you like to be added to my email list to be kept informed on events and services? Yes No

Do you have any physical limitations that could be aggravated by exercise (i.e. pregnancy, high blood pressure, back, neck, shoulder or knee problems)? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about my services? \_\_\_\_\_

Anything else you would like me to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AGREEMENT AND LIABILITY RELEASE WAIVER

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, **I will make the instructor aware of any medical conditions or physical limitations before class.**

If I am pregnant, trying to become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Karen Paisley and/or Crystalline Wellness as well as the locations where Karen Paisley offers yoga instruction. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Pennsylvania.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_