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**Intake Questionnaire**

***Please answer the following confidential questions, electronically, or physically sign the liability waiver agreement, and return to me via email (bonnie@yogawithbonnie.com) attachment before your first class or private session.***

***You can also print and hand in at the first sessions. THANK YOU.***

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print clearly)**

**Best Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Studio Classes: Which class(es) are you taking?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Private Sessions or private classes: What do you hope to learn from our sessions?**

**How did you hear about Yoga with Bonnie/Yoga in Balance LLC. Please X and answer as appropriate.**

Friend(name?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Flier(from?)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Websearch\_\_\_\_Facebook\_\_\_\_Other, please note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you taken Yoga classes previously?** \_\_Yes\_\_No

**If yes, where, when, with whom, what type, and level?**

**Why are you taking this class? Please X all that apply:**

\_\_To improve flexibility \_\_To manage stress

\_\_To learn to meditate \_\_To breathe better

\_\_To learn about Yoga \_\_To improve strength

\_\_Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle or X next to any of the following that apply, and briefly describe:**

**Asthma**

**Arthritis**

**High Blood Pressure**

**Cancer**

**Diabetes**

**Glaucoma**

**Hip or knee surgeries**

**Bones: Low Bone Density or Osteoporosis**

**Other surgeries**

**Other preexisting conditions (please describe below)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe your current exercise routine, level of daily movement, or sports regimen, and how often. For example: non-existent, walk a few times per week, chase toddlers, lift weights once per month, treadmill, etc.**

**Do you or have you tried meditation? \_\_N\_\_\_Y. If yes, when and**

**where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Anything else you’d like to share with the teacher that wasn’t asked?**

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**Liability Waiver Agreement**

**PLEASE PRINT YOUR NAME AND SIGN**

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(first and last name) 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 is always present and cannot be entirely eliminated.

 If at any time during the class/session, you feel extreme discomfort or strain, gently come out of the posture, continuing to breathe smoothly. You may rest at any time. It is important in yoga that you listen to your body, and respect its limits on any given day.

 I, the undersigned, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class/session. I will not perform any postures to the extent of strain or pain.

 I accept that neither the instructor, *Yoga with Bonnie*, nor the hosting facility *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*is liable for any injury, or damages, person or property, resulting from the taking of the class. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against the instructor the hosting facility.

 I hereby knowingly, voluntarily and expressly: (i) assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program; (ii) release *Yoga in Balance LLC, Yoga is Therapy*, *Rooted* and its members, employees, agents and contractors from any and all liability for any injury or damages that I may sustain as a result of my participation in the program.

 I, on behalf of myself and my successors, assigns, heirs and legal representatives, forever release, waive, discharge and covenant not to sue *Yoga with Bonnie, Yoga is Therapy*, *Rooted* or its members, employees, agents or contractors for any harm whatsoever that I may sustain as a result of their negligence or other acts or omissions. I have read the above release, waiver of liability and covenant and fully understand its contents and implications. I knowingly and voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date