

SHARON KANFOUSH WELLNESS, LLC

YOGA THERAPY - NEW CLIENT INTAKE FORM

How is your health? poor average good great

Are you affected by problems with any of the following?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> heart | <input type="checkbox"/> recent surgery | <input type="checkbox"/> spine/disc(s) | <input type="checkbox"/> blood sugar |
| <input type="checkbox"/> blood pressure | <input type="checkbox"/> mental/emotional | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> dizziness |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> chronic pain | <input type="checkbox"/> pregnancy | <input type="checkbox"/> vision <input type="checkbox"/> other |

If you checked any of the above, please describe in detail any health or medical condition that you have which may be helpful for me know about:

Please describe any concerns relative to your full participation in yoga and/or meditation:

RELEASE & WAIVER OF LIABILITY

I agree to the following:

1. The information I have provided above is complete and accurate.
2. I understand that participating in any exercise class or wellness service involves risk of injury; I agree to be solely responsible for any injuries sustained by me as a result of my participation in this class or service or any future Sharon Kanfoush Wellness classes/services in which I participate.
3. I understand it is my responsibility to consult with a physician prior to and regarding my participation in yoga class/wellness services offered by Sharon Kanfoush Wellness. I represent and warrant that I have no medical conditions that would prevent me from participation in yoga classes/wellness services. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga classes/wellness services offered by Sharon Kanfoush Wellness. I knowingly, voluntarily, and expressly waive any claim I may have against the owner or any employee, or representative of Sharon Kanfoush Wellness for injury or damages I may sustain.
4. I understand photos may occasionally be taken for promotional purposes. Efforts will be made to not show participants' faces or, if so, to verbally request for approval. This may not occur 100% of the time.

Name: _____ Date of Birth: ____/____/____

Address: _____

Email: _____ Phone _____ - _____ - _____

Emergency Contact: _____ Phone _____ - _____ - _____

Signature: _____ Today's Date: ____/____/____

How did you hear about me? Web Facebook Friend Newspaper Doctor Other

Would you like to receive occasional emails from us re: upcoming events & special offers? Yes / No