

# NEW CLIENT FORM



the *santosha* studio

## Why we need the information and how it is used

- For insurance reasons, it is essential to know who attended the sessions
- To contact you about our services and new courses available
- To provide you with booking information
- For Internal and External Quality Assurance

MB  
Mailchimp  
Year

## Where do we store data?

- Data from this form related to the session is stored in a paper format in locked cabinets.

## Who we share your data with?

- We do not share your data with anyone else.

## Personal Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Telephone (home or mobile) \_\_\_\_\_  
DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Please tick this box if you would like to receive our monthly newsletter and occasional schedule updates

Please describe your past and present yoga/therapeutic movement practice:

Are you currently undertaking any form of regular exercise, if yes, please give details:

What do you hope to gain from yoga/therapeutic movement classes?

Describe your physical history, listing injuries, ailments, illnesses, surgeries, pregnancies and any other significant medical treatments. Be specific about any areas of the body that were involved (e.g. right or left side of the body). Please also advise if you have had any issue with mental health including depression, periods of stress or anxiety.

Do you have any existing medical conditions? Yes  No   
Are you taking any medications? Yes  No

If you answered yes to either of the above please provide details:

Are you currently a smoker or have quit in the past six months? Yes  No

**Next of Kin**

Name/Relationship \_\_\_\_\_

Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Please tell us where you heard about us:

**WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE:**

I am participating in a programme of instruction in yoga or therapeutic movement by The Santosha Studio. I have been advised and I understand that participation in yoga or therapeutic movement, like any physical conditioning or exercise programme presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognise that many changes may occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc...

I also understand that a medical evaluation is advisable before commencing any programme of physical conditioning or exercise. I have and will continue to keep the Santosha Studio informed of any physical condition or disability, which would prevent or limit my participation in an exercise programme. I acknowledge that, although the programme may have substantial physical benefits, The Santosha Studio is not engaged in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in this yoga or therapeutic movement programme and waive any claim, which I might otherwise bring against The Santosha Studio, as result of injuries from or relating to my participation in this programme.

**CANCELLATION POLICY:**

I understand that if I must cancel a scheduled private appointment, I must notify The Santosha Studio a full 24 hours in advance, or I will be held responsible for payment in full. Please refer to our website or notice in reception for full cancellation policy.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_