

New Client Form



Personal Information

Name: _____

Address: _____

Town: _____

Postcode: _____ Telephone: _____

DOB: _____ Email: _____

Please tick this box if you would like to be added to our mailing list so we can email you with updates and events.

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 6 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 program 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 program 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 program 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 program. I acknowledge that, although the program 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 program and waive any claim, which I might otherwise bring against The Santosha Studio, as a result of injuries from or relating to my participation in this program.

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: _____