



New Client Form

SECTION I: PERSONAL INFORMATION

*Name: _____ Date of Birth: _____
*Address: _____ *City: _____ *State: _____ *Postal Code: _____
Primary Phone: _____ (Cell preferred) *Email: _____
*Emergency Contact Name: _____ *Emergency Contact Phone: _____
How did you hear about us? _____

SECTION II: RISK ASSESSMENT

Heart Disease	YES NO	
Shortness of Breath or Chest Pain	YES NO	Inhaler? YES NO (if "yes", please bring it to every class)
High Blood Pressure	YES NO	Levels: _____
High Cholesterol Level	YES NO	
Significant Bone/Joint/Muscle Pain	YES NO	Location: _____
Back Pain	YES NO	
Cigarette Smoking	YES NO	Levels: _____
Abnormal Resting EKG	YES NO	
Diabetes	YES NO	Insulin Dependent? YES NO

Any other condition we should know about? Please explain: _____

Are you active? YES NO
Activity or Exercise: _____
Times per week: _____
Minutes per session: _____

Are you currently taking any medication(s)? YES NO Type: _____

SECTION III: AGREEMENT AND WAIVER

1. Release and Waiver. In consideration of being accepted as a student of Pink Lotus Yoga Studio LLC, I assume all risks of my involvement and I, my legal representatives, successors, and assigns waive any legal action for damages should I sustain any injury arising from participation in yoga classes (hereafter "Activity"), and do further release Pink Lotus Yoga Studio LLC, its members, instructors, and employees, and each of them (hereafter collectively "Pink Lotus") from all liability for any claim, loss or damage resulting from the Activity (hereafter "Claim") and from any active or passive negligence on the part of Pink Lotus.

2. Indemnification. I agree to indemnify (reimburse) and hold harmless Pink Lotus from any loss or liability, including legal fees, related to any Claim made by me or anyone making a Claim on my behalf, even if the Claim is alleged to or did result from the carelessness or negligence of Pink Lotus.

3. Physical Condition. I understand that this Activity includes physical exercises that can result in injury and that it is advisable to consult a physician prior to participating in the Activity. I also represent and warrant that I am in proper physical condition to participate in the Activity.

4. Medical Care. I am aware that there is no obligation for any person to provide me with medical care related to the Activity. However, if medical care is rendered to me, I now consent to that care if I am unable to give my consent at the time the care is rendered.

5. Loaned Items. I am responsible for any product or item loaned to me as part of my participation in the Activity and I commit to return the same product or item in good working order.

6. I also understand that (please initial);

_____ All payments are non-refundable or transferrable for any reason.

_____ The scheduling and content of activities may be changed on occasion.

_____ All returned checks will be charged a \$20.00 plus any bank charge levied against Pink Lotus for the returned check.

_____ I will notify instructors immediately of any pain and/or major discomfort felt during any activity.

_____ Two hours notice required or client will be charged for session.

7. Entire Agreement. No warranties or representations have been made to me about the Activity which are not stated on this form. I understand and intend that this document act as the broadest and most inclusive assumption of risk, waiver, release of liability and indemnity agreement as allowed by law. If any provisions of this agreement shall be deemed unenforceable, such provisions will be deemed to be severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.

BY SIGNING BELOW, I am acknowledging that I fully read and understand this agreement, I am aware that I am waiving certain legal rights and that I accept and agree to the terms and provisions contained in this agreement.

BY SIGNING BELOW, Participant accepts and agrees to the terms and provisions contained in this agreement.

Signature

Date

Witness

Date