



Yoga Consent

We are delighted to have you as a yoga student at Solace Organic Spa. The following information will help you get the most out of your yoga classes and clarify our instructor/student relationship.

We believe that Yoga is more than physical exercise. It is a transformative practice that integrates body, mind and emotional tensions to arrive at deeper levels of relaxation and awareness. All exercise programs involve a risk of injury. By choosing to participate in yoga classes, you voluntarily assume a certain risk of injury.

Health History

Our approach is holistic, focusing on you as a complex, dynamic, unique being in body, mind and spirit. We may explore areas that influence your state of well-being, such as your health history, life stressors, exercise and anything else you are comfortable sharing. We are most happy to answer any questions regarding our services and we also encourage you to express any concerns.

Appointments + Etiquette

Please arrive 5 minutes prior to your class time, so you may get settled. If you are late, your class will still end at the scheduled time, as to accommodate our other guests. Sessions begin and end at scheduled times. Payment is expected at the time service is rendered. **Please turn off cell phones, pagers, and watch alarms.** We would like you to enjoy the moment, as well as not disturb other guests. Do not eat a heavy meal less than two hours prior to the session and be present (not under the influence of drugs nor alcohol).

Cancellations

If you need to cancel or reschedule, please allow us a **minimum of 24 hours notice** so we are able to rebook the space for someone else. If you cancel late, we have a **\$40 cancellation fee**. Our "no show" policy is that we charge for the full session price. Emergency cancellations are determined at the practitioner's discretion. If we need to reschedule, we will do so within 24 hours whenever possible. If an emergency arises and we cannot keep an appointment, we provide a 50% discount with your next session.

PLEASE COMPLETE THE SECOND PAGE OF THIS FORM

Awareness is fundamental to the practice of Yoga. By attending this class, **I affirm that I am solely responsible** for my health and well-being, as well as my decision to practice yoga, a program of physical exercise. **I agree to inform** my yoga instructor of any activities or movements, which I feel could cause injury to myself. **I understand** that yoga is not recommended and is not safe under certain medical conditions. **I do not have any physical conditions or disability that would limit my participation or preclude an exercise program.** Solace organic Spa and the instructors shall not be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in this class. I agree to listen to my body and monitor myself during every class session.

please print full name

signature

phone number

email address

subscribe to our mailing list

date

mailing address

how did you hear about us?

SOLACE ORGANIC SPA YOGA CONSENT CONTINUED

Yoga Experience / Goals

Have you practiced yoga before?

- yes no

If yes, how often do you practice yoga?

- daily weekly monthly

And when was the last time you practiced?

Briefly describe your experience with yoga/meditation
no experience is required – just a willingness!

Styles of yoga you have practiced most frequently:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Hatha | <input type="checkbox"/> Anusara |
| <input type="checkbox"/> Ashtanga | <input type="checkbox"/> Bikram/Hot |
| <input type="checkbox"/> Vinyasa/Flow | <input type="checkbox"/> Moksha |
| <input type="checkbox"/> Vijnana | <input type="checkbox"/> Kundalini |
| <input type="checkbox"/> Iyengar | <input type="checkbox"/> Yin |
| <input type="checkbox"/> Power | <input type="checkbox"/> Gentle Restorative |

What are your goals for your yoga practice?

- | | |
|--|---|
| <input type="checkbox"/> strength training | <input type="checkbox"/> alternative therapy |
| <input type="checkbox"/> improve flexibility | <input type="checkbox"/> address health concern |
| <input type="checkbox"/> improve balance | <input type="checkbox"/> increase well-being |
| <input type="checkbox"/> improve fitness | <input type="checkbox"/> injury rehabilitation |
| <input type="checkbox"/> stress relief | <input type="checkbox"/> positive reinforcement |
| <input type="checkbox"/> other: _____ | |

What are your personal interests in yoga?

- | | |
|---|---|
| <input type="checkbox"/> Asana (<i>postures</i>) | <input type="checkbox"/> Eastern philosophy |
| <input type="checkbox"/> Pranayama (<i>breath work</i>) | <input type="checkbox"/> Eastern energy systems |
| <input type="checkbox"/> Meditation Yoga | |
| <input type="checkbox"/> other: _____ | |

Are you okay with use of essential oils?

- yes, except: _____ no

I understand that my signature on this form indicates that I have read and understand the preceding information regarding my session. I understand that if I have questions, I should ask the teacher. I hereby release the certified practitioners at Solace Organic Spa from any liability that may occur in connection with the service provided. I have read and understand the above and reverse page and give my consent to receive treatment.

Lifestyle / Fitness

Occupation: _____

How do you rate your current level of activity?

Sedentary ●●●●● Extremely Active

How would you rate your level of stress?

Low ●●●●● High

Physical History

Mark those conditions that have affected your health either recently or in the past:

- | | |
|---|--|
| <input type="checkbox"/> muscle/joint pain | <input type="checkbox"/> surgery |
| <input type="checkbox"/> numbness/tingling | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> neck pain/injury | <input type="checkbox"/> anxiety/depression |
| <input type="checkbox"/> back/disc problems | <input type="checkbox"/> asthma/short of breath |
| <input type="checkbox"/> movement limitation | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> work/sports injury | <input type="checkbox"/> low blood pressure |
| <input type="checkbox"/> broken/disloc. bones | <input type="checkbox"/> diabetes (<i>type 1 or 2</i>) |
| <input type="checkbox"/> tendonitis/bursitis | <input type="checkbox"/> chest pain/angina |
| <input type="checkbox"/> scoliosis | <input type="checkbox"/> heart attack or stroke |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> cancer (<i>explain below</i>) |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> epilepsy/seizures |
| <input type="checkbox"/> sciatica | <input type="checkbox"/> auto-immune condition |

(AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

Pregnant, due: _____

Current medications and reasons:

If any of the info on this form needs to be detailed or if there is anything else to share, please do so:

signature

date