

Private Training Details

Questionnaire, Agreement of Release, and Waiver of Liability

Thank you for taking the time to tell me about yourself. The information you have provided will help me personalize your next yoga experience. The information you provide in the following form will be kept in the strictest confidence. Please be specific as possible, omitting any sections necessary.

General Information

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First Name _____ Last Name _____
Address 1 _____
Address 2 _____
State/Province _____ Home Phone _____
Work Phone _____ Ext: _____ Mobile Phone _____
Email Address _____ Web site _____
Date of Birth _____ Male Female
Can we add you to the mailing lists? for occasional announcements and updates? Yes No
Emergency Contact: _____ Relationship to you: _____
Emergency Contact Phone: _____
How did you hear about private training with Chris or Michelle? _____

My Private Training

I am interested in:

- private training power yoga hatha yoga family yoga pregnancy yoga
 group training mens yoga pranayama yoga pre-natal yoga other

How many days a week would you like to train? _____

What days of the week are best for you (Monday - Sunday)? _____

What time of the day would you like to schedule your training? _____

What is your main purpose for scheduling private training? _____

Briefly describe what you would like to achieve/experience through yoga private training? _____

Would you like a personal yoga routine created for you to review when you are practicing without an instructor?

Which of your hands is dominant for writing? And if you play a sport that requires sidedness (e.g., batting, & throwing in baseball, golf swing) please describe and indicate your dominant side: _____

Sports & Medical History

What is your experience with yoga?

- novice intermediate advanced

If experienced, please describe: _____

Do you play any sports? Yes No

If yes, please specify: _____

Do you sit at a desk during the day? Yes No If yes, how long? _____ hours.

Describe your physical activity on a typical weekday: _____

Describe your physical activity on a typical weekend day: _____

Do you belong to a gym? Yes No If yes, which one? _____

Do you train with weights? Yes No

If yes, describe your weight-training goals and program, including how often you train and what body parts you work: _____

Do you participate in cardiovascular activity as part of your training? Yes No

If yes, what type and how often? _____

Are you affected by any of the following:

Heart problems of any type?

Depression?

High Blood Pressure?

Arthritis or another bone or joint problem?

Glaucoma?

Diabetes?

Blood Pressure greater than 140/90?

Pregnancy?

Any other disease or health condition not listed above? Yes No

If yes, please describe: _____

Are you currently taking any medications? Yes No

If so, what ones? _____

Do you take vitamins and/or supplements? Yes No

If yes, please list: _____

Have you ever had surgery? Yes No

If so, list what type(s) and when: _____

Have you ever broken a bone? Yes No

If so, list the bone(s) and when: _____

Do you have any physical abnormalities or medical conditions other than those mentioned above?

Please explain any health problems you have, medications you take, including dosages and therapies you are undergoing: _____

Weekly consumption of:

Alcohol: _____

Caffeine: _____

Nicotine/Tobacco: _____

Other: _____

Do you have any children? Yes No

If yes, how many (please circle)? 1 2 3 4 5+

RELEASE & WAIVER OF LIABILITY

I agree to the following:

1. The information I have provided above is complete and accurate.
2. I understand that I am participating in yoga training offered by VictoriaYoga.com, during which I will receive instruction about yoga, health and wellness. I recognize that yoga requires physical exertion that can be strenuous. I am fully aware of the risks involved.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga conditioning. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in yoga conditioning sessions. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in yoga training. I knowingly, voluntarily, and expressly, waive any claim I may have against VictoriaYoga.com and any instructors for injury or damages that I may sustain as a result of participating in the program.

First Name (print): _____ Last Name (print): _____

Signature: _____ Date: _____