Thank you for choosing Alma Sana Yoga for your yoga therapy needs. I am committed to creating a compassionate and encouraging atmosphere that supports your health and healing. I look forward to working with you.

|  |  |
| --- | --- |
| Name: | |
| Birthdate: | Age: |
| Phone number(s): | |
| Email: | |
| Emergency Contact name/number: | |
| Home Address: | |
| Referred by: | |
| Current Spiritual or Religious practice, if any: | |
| Accessibility needs, if any: | |
| Current and any significant, previous occupation: | |
| Please list other services you are receiving (i.e. mental health therapy, physical therapy, MD, ND, acupuncture, etc.): | |
| Please briefly describe your current concern, including onset/diagnosis (if applicable): | |
| Please list any medications and/or supplements you are currently taking. | |
| Please describe your current and past medical history (significant health concerns, surgeries, conditions). | |
| Any dietary restrictions? | |
| Are you okay with or opposed to light, instructional touch? | |
| Describe any concerns, differences or observations you have made regarding your physical body in relation to the challenge(s) you are currently experiencing: | |
| Describe any concerns, differences or observations you have made regarding your energy in relation to the challenge(s) you are currently experiencing: | |
| Describe any concerns, differences or observations you have made regarding your mental/emotional state in relation to the current challenge(s). These may include thoughts, cognitive changes and/or emotions: | |
| What are your religious/spiritual beliefs and practices, both current and past (if any), and how have these been affected in relation to the current challenge(s)? | |
| What is your current physical pain level on a scale of 1-10? (Where 1=lowest and 10=highest) Where is it located? What makes it better/worse? | |
| What is your current stress level on a scale of 1-10? (Where 1=lowest and 10=highest) What are your stressors? What makes it better/worse? | |
| What is your current happiness level on a scale of 1-10? (Where 1=is very sad and 10=very happy) | |
| What do you hope to gain from Yoga Therapy? What do you most hope to improve? | |
| Is there anything else you would like me to know about you that has not been asked? | |

**Fee Scale and Agreement**

**The following is a fee agreement. Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:**

1. I agree to pay all fees at the beginning of our session. The fee per individual session is \_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_   
**Initial**

1. **Cancellation policy**: There will be no charge for appointments cancelled 24 hours or more in advance. Cancellations within 24 hours of scheduled time will be charged the full session fee.

\_\_\_\_\_\_

**Initial**

1. Alma Sana Yoga does not bill insurance companies in any circumstances.

\_\_\_\_\_\_

**Initial**

1. **Returns/Refunds:**  Pre-paid packages are non-refundable and non-transferable. They expire one year from date of purchase.

\_\_\_\_\_\_

**Initial**

**I have read the above agreement and understand its contents. By signing below, I am fully agreeing to all the above statements.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature Date**

**Communication and Confidentiality**

Clients who choose to use email, texting and social media as a way of communicating with me do so at their own risk. I do not use social media as a form of communication. These forms of communication may be putting you in jeopardy of confidentiality breaches. I encourage any depth of information NOT be shared through these forms of communication and saved for our sessions together. Some clients prefer to use text messages and emails primarily for schedule changes. Voicemails and what we say in person or over the phone is confidential, but I cannot guarantee this with other forms of communication.

**Please initial which form of communication you prefer.**

I am aware of the risks of text messaging and email, and I want to use these forms of communication with my therapist.

\_\_\_\_\_\_

**Initial**

**OR**

I only want to be contacted via phone. This *does not* include text messaging.

\_\_\_\_\_\_

**Initial**

**Release and Liability Waiver**

**Please read carefully before signing and ask for clarification on any portion that you do not understand. Please initial after each statement indicating that you understand and agree to the statement:**

1. I understand that Yoga/Yoga Therapy incorporates both cognitive and physical approaches, and that there is an inherent risk when participating in physical activities. I agree to document all physical limitations I might have, or any physical activities I do not wish to participate in.

\_\_\_\_\_\_

**Initial**

1. I understand that the nature and extent of services being provided by Susan Bentley and Alma Sana Yoga may include breathing practices, postures and movement, meditation, affirmation, myofascial/marma massage instruction, and other yogic or ayurvedic teachings.

\_\_\_\_\_\_

**Initial**

1. I understand that Yoga Therapy is not a licensed healthcare profession in the state of California.

\_\_\_\_\_\_

**Initial**

1. I hereby release Susan Bentley, Alma Sana Yoga, and all other sponsoring agencies from responsibility for any injuries I may sustain as a result of participation in this program.

\_\_\_\_\_\_

**Initial**

I have read the above waiver and agreement and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT**

In consideration for receiving permission to BE ON PREMISES at ALMA SANA YOGA and the home of Susan Bentley I, on behalf om myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus (“COVID-19”) and am familiar with the Centers for Disease Control and Prevention (“CDC”) guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from Day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.
2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in yoga/ yoga therapy.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in yoga/yoga therapy and hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE ( on behalf of myself and any minor children for whom I have the capacity to contract) Susan Bentley and Alma Sana Yoga and any other owners, agents, or employees and assigns (the “RELEASEES”) from any liability related to COVID-19 which might occur as a result of my being on the premise and participating in yoga/yoga therapy.
4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitations, attorneys’ fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), rising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELASE, WAIVER DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of California. I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKOWLEDGE THAT IS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN YOGA/YOGA THERAPY.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

INWITNESS WHEREOF, I have signed this Waiver and Agreement.

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAMES OF MINOR CHILD(REN):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_