

Eight Limbs Wellness Studio 141 Chautauqua Avenue.Lakewood.NY.14750

INFORMATION AND LIABILITY WAIVER FOR YOGA AND MASSAGE

NAME _____ **DOB** _____

ADDRESS _____ **PHONE** _____

EMAIL _____ **ADDED TO EMAIL LIST? YES/NO**

EMERGENCY CONTACT INFORMATION:

NAME _____ **PHONE** _____

REFERRED BY _____

BEST TIMES FOR YOGA CLASSES _____

MESSAGE CLIENTS ONLY: HAVE YOU HAD A MASSAGE BEFORE YES/NO WHEN _____

DO YOU EXERCISE? YES/NO

EXERCISE ROUTINE _____

SURGICAL HISTORY _____

MEDICAL HISTORY _____

MEDICATIONS _____

PLEASE ANSWER THE FOLLOWING YES OR NO (PROVIDE EXPLANATION IF NECESSARY)

- | | |
|---------------------------------|------------------------------------|
| • PREGNANT | OSTEOPOROSIS |
| • SKIN IRRITATIONS OR ALLERGIES | BRUISE EASILY |
| • ARTHRITIS | SPINAL ISSUES OR NUMBNESS/TINGLING |
| • HYPERTENSION | DAILY STRESS/DEPRESSION |
| • Contagious Disease | |
| • OTHER _____ | |

READ BEFORE SIGNING BELOW:

I understand that the treatment/instruction I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this class or session, I will immediately inform the practitioner/instructor so that the treatment/class can be modified to my level of comfort. I further understand that massage therapy or yoga classes should not be construed as a substitute for medical examination, diagnosis or treatment and I should follow the guidance of my physician or other qualified medical professional for any mental or physical ailment of which I am aware. I understand the yoga instructors/massage therapists will not provide anything beyond the scope of their practice (spinal adjustments, diagnose, prescribe, or treat any physical or mental conditions). Because massage therapy and yoga classes are contra-indicated under certain medical circumstances, I affirm that I have stated all of my known medical conditions and answered all questions honestly. If I am pregnant, I have obtained medical clearance from my physician to participate in massage and/or yoga. I will keep my therapist/instructor updated with my medical profile and understand that there should be no liability on the practitioner/instructors part should I fail to do so. It is also understood that any suggestive or inappropriate advances made by me will result in termination of class/session.

TERMS: I will arrive on time, turn off cell phones, wear non-restrictive clothing and avoid perfumes/scents in class, aware that fees for class are non-transferrable and non-refundable, drop-in or series class cards expire as stated at time of purchase.

Signature _____ DATE _____