



Client Intake Form

Studio Use Only

IS Drop In Pass \$ _____ ID# _____
 visa/mc amex debit cash
 Best Time to Call: Morning Afternoon Evening TIME: _____
 Follow-Up: 7 21 NSU
 Reminder _____ NC

Your Information:

First Name: _____ Last Name: _____
 Address: _____ City: _____ Province: _____
 Postal Code: _____ Date of Birth: _____ (mm/dd/yy)
 Cell #: _____ Email: _____

How did you hear about us? (choose ONE)

Another client - who? _____ Yoga teacher - who? _____
 Social Media (please check all that apply): Facebook Twitter Instagram YouTube
 Flyer Road sign Walk by Web search Other _____

Please tell us more about your previous yoga experience:

First time Beginner (< 1 year) Intermediate (> 1 year) Advanced (> 3 years) Certified Yoga Teacher
 When was your last class? _____ How often did you practice? _____
 Where did you practice? _____

Why Yoga? Why now?

What are you hoping to gain from your experience at Chrysalis Yoga?

Are there injuries or medical conditions (including pregnancy) that we should know about?

In Case of an Emergency:

Name: _____ Telephone: _____ Relationship: _____

Waiver & Release:

I hereby agree to the following:

- Even with clear instruction I attest that I have no physical, psychological, medical or emotional condition that would prevent me from safe participation in any yoga/fitness-type class, workshop or training, and I acknowledge that there is the possibility of injury and it is my responsibility to consult a physician regarding my ability to participate before coming to Chrysalis Yoga.
- I release and discharge Chrysalis Yoga, its associated and affiliated companies and their respective owners/directors, employees, energy exchangers and instructors (independent contractors) from all liability, claims, demands or actions that I or my heirs may make resulting from injury, death, or damages arising from my participation in any yoga/fitness-type class, workshop or training, including losses caused by the negligence of the released parties.
- I give permission for Chrysalis Yoga to take photographs and/or video recording from time to time that will only be used for marketing purposes. I have the right to leave the class/area if I choose not to a part of the pictures/video recording.
- I recognize that this agreement of release and waiver of liability is a legal contract and that I have complete knowledge of its contents.
- I have read this agreement and fully understand its contents and meaning, and sign it of my own free will.
- Occasionally Chrysalis Yoga may contact you directly by phone, text or email for the purpose of sending you renewal or other notices, obtaining your feedback on our facilities and services, and of marketing goods, services and special offers that may be of interest to you. By signing this agreement, you consent to receiving such communications. All of your personal information will be kept confidential. You may withdraw consent at anytime by emailing yogaadvisor@chrysalisyoga.ca

Signature: _____

Date: _____

If the participant is under the age of 18 years:

I, _____ (Guardian's full name) as the legal guardian of the above-identified minor, hereby consent to the above conditions on his/her behalf.

Signature: _____

Date: _____

Clear Form

Print Form

Save Form