

Balance of You

Health Ayurvedic Lifestyle Intake Form

Name _____

Phone _____

Email Address _____

Occupation _____

Additional Information

- Describe your intentions and reasons for learning the Ayurvedic Lifestyle practices?
- What are your current self-care practices?
- What lifestyle changes or improvements are you looking to make?
- Do you have any limitations or restriction that may limit movement or breathing exercises?

If yes, please list.

Waiver

I understand as a client that this is my decision to take the Health Ayurvedic Lifestyle classes. I understand and agree that I am fully responsible for my physical and mental well-being.

I understand that the Health Ayurvedic Lifestyle classes are lifestyle instruction only and not a substitute for treatments or services ordinarily provided by health care professionals for physiological or psychological conditions or complaints. I also agree that should I require medical advice, I will obtain such advice and any subsequent treatment at my own expense.

I understand that some class sessions will involve light physical activity including some movement and certain breathing exercises. I agree to participate only within my range of physical comfort. I release Tessa Arnold, Balance of You Co. and all its instructors from any liability for injuries occurring now or in the future, during or after my participation in these exercises.

I further understand that any instruction given to me during the course is for me personally and not be instruction for others.

I have read and understand this agreement.

Name (please print)

Signature _____

Date _____