

# Adam William Ayers

YOGA • BODYWORK • EXPERIENTIAL ANATOMY

Welcome to Adam Ayers Yoga! Providing the following information will be most helpful in formulating a program to meet your needs. I sincerely hope that you will enjoy the benefits of my class!

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Class time \_\_\_\_\_ Profession \_\_\_\_\_

How were you referred to Adam Ayers Yoga?

Friend \_\_\_\_\_ Facebook \_\_\_\_\_ Website \_\_\_\_\_ Health Club \_\_\_\_\_ Studio \_\_\_\_\_

Have you ever studied yoga before? YES NO

If YES, how many years and what style of yoga have you practiced? \_\_\_\_\_

Please check areas of concern regarding your health:

Asthma	Dizziness	Kidney condition	Prolonged illness
Ankles/Feet	Eyes	Knees	Prostate
Anxiety	Gastrointestinal disorder	Liver	Recent Surgery
Arthritis	Headache	Lower back	Sedentary
Auto-immune dysfunction	Heart condition	Low blood pressure	Sciatica
Bladder	Heel spur	Menopausal	Scoliosis
Carpal Tunnel	High blood pressure	Menstrual problems	Shoulders
Chronic Fatigue	Hips/Legs	Multiple Sclerosis	Thyroid
Diabetes	HIV-related	Neck	Wrist/Hand
Depression	Hypoglycemia	Osteoporosis	
	Insomnia	Plantar Fasciitis	

Please list conditions (past and present) not listed above and elaborate on those circled:

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Are you pregnant? YES NO

Please list medications, remedies, and treatments used: \_\_\_\_\_

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Have you ever been in a car accident or had a traumatic injury? YES NO

Do you participate in any physical activities or sports? What are your special interests?

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(Please continue on next page)

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What do you hope to gain by practicing yoga? Goals? Motivation?

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By checking the box below, I acknowledge that yoga practice involves an inherent risk, including the potential for permanent paralysis and death, and while particular guidelines, props and personal discipline may reduce this risk, the risk of serious injury does exist. Hence, I hereby knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, incident to such activities and take full responsibility for my participation. By attending yoga class I represent that I am in adequate physical condition based on my own assessment, and am not relying on any representations made by Adam William Ayers. I waive any claim or right of action against Adam William Ayers for loss, claims, suits expenses, liabilities, damages or legal fees incurred on account of any loss or injury to me or my property (including personal information) incurred in connection with and/or as a result of my attendance at such classes, services or sessions at Adam Ayers Yoga.

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By signing here, I agree with the above terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_