SHAROMA YOGA • COMMONWEALTH OF VIRGINIA

Client Intake, Wellness Screening & Informed Consent

Participant & Emergency Contact Information

Full Name: _____ **Pronouns:** _____ **Date:** _____

Email: _____ **Phone:** _____

Address (for in-home sessions): _____

Emergency Contact Name & Relationship: _____ **Phone:** _____

Practice Experience & Health Disclosures

Experience Level: [ ] Brand New [ ] Beginner/Dabbled [ ] Intermediate [ ] Experienced

Session Format: [ ] 1-on-1 In-Person [ ] Small Group [ ] Virtual (Zoom)

Hands-On Alignment Assists (In-Person): [ ] Welcome with verbal check-in [ ] Prefer verbal cues only

Please check any current or past considerations: [ ] Back/Neck Pain [ ] Joint/Knee/Shoulder Injury [ ] High/Low Blood Pressure [ ] Cardiovascular Condition [ ] Dizziness/Vertigo [ ] Pregnancy/Postpartum [ ] Recent Surgery [ ] Other: _____

Goals & Notes for Sharona:

_____

Informed Consent, Assumption of Risk & Virginia Governing Terms

1. Voluntary Participation & Medical Clearance: I understand that yoga involves physical movement, stretching, breathwork, and relaxation, and carries inherent physical risks. I confirm I am physically able to participate and have consulted a physician if needed. I agree to listen to my body, rest whenever needed, and inform the instructor immediately of any pain or discomfort.

2. Non-Medical Scope: I understand that Sharona / SharOMa Yoga provides general yoga and wellness instruction and does not provide medical diagnosis, physical therapy, or clinical treatment.

3. In-Home & Virtual Space Safety: For in-home or virtual sessions, I am responsible for ensuring a clear, level, hazard-free practice area. To the fullest extent permitted by Virginia law, I release SharOMa Yoga from claims for incidental property damage in my home or virtual practice space, except in cases of gross negligence or willful misconduct.

4. Governing Law & Severability: This agreement is governed by the laws of the Commonwealth of Virginia. If any provision is held unenforceable under Virginia public policy, all remaining provisions remain in full force and effect.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes.