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Case #: _____

Date: _____

Revised 8/24/17

Yoga Intake Form

Client Name _____ DOB _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email Address _____

Emergency Contact Information

Name of person to contact _____ Relationship _____
 Address _____ Phone _____

Yoga Liability Waiver/Informed Consent Form

"I have agreed to participate in Arrowhead Physical Therapy's yoga program. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation. I acknowledge that my enrollment is purely voluntary and is not mandated by Arrowhead Physical Therapy. I understand that it is my responsibility to consult with a physician prior to participating in Arrowhead Physical Therapy programs or before using the Arrowhead Physical Therapy facility and equipment."

"In consideration of my participation in this program, I hereby release Arrowhead Physical Therapy and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Arrowhead Physical Therapy and its agents from any liability now or in the future for conditions that I may obtain."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Client Name (Please Print): _____ Date: _____
 Signature of Client or Legal Representative: _____
 Relationship to Client: _____