

**Stephanie Congo, BS, RYT500, CYT, EEMCLP**  
**Yoga Therapist, Mindfulness Consultant & Holistic Energy Practitioner**

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**Client Information, Liability Waiver Agreement & Release Form**

Yoga Therapy ♥ Mindfulness ♥ Energy Medicine ♥ Sound Healing

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact Name(s) & Relation: \_\_\_\_\_

Emergency Contact Phone(s): \_\_\_\_\_

Referred by? \_\_\_\_\_

Use words to describe how you feel these days. \_\_\_\_\_

Do you wear contacts? YES / NO                      My blood pressure is: LOW / NORMAL / HIGH

Share any allergies you have. \_\_\_\_\_

In what activities do you feel like a million bucks? \_\_\_\_\_

Any recent surgery, fractures, illnesses, injuries? \_\_\_\_\_

\_\_\_\_\_

Are you currently taking prescriptions / herbs / special diets (circle)? If so, what: \_\_\_\_\_

\_\_\_\_\_

Share other physical, emotional, health conditions you are in process of shifting now. \_\_\_\_\_

\_\_\_\_\_

What is your current medical doctor or other health support system you currently use? Please list the type of Physicians, Chiropractors, Therapists, Energy Healers or Other Professionals here & for what.

\_\_\_\_\_

\_\_\_\_\_

Do we have your permission to contact these listed professionals should the need arise? YES / NO

**Signature required on page 2.**

What is your goal or intention of being here today? I want to be / feel..... \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that yoga, meditation and/or energy medicine classes/sessions/events include physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga, mindfulness, energy medicine and sound healing classes/sessions/workshop are not a substitute for medical attention, examination, diagnosis or treatment. Any of the activities listed above are not recommended and are not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a program. In addition, I will make the instructor aware of any medical conditions or physical limitations before the class/session and/or event. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice any of these modalities. Participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Stephanie Congo, BS, ERYT200, RYT500, CYT, EEMCLP. I understand that the session I receive is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that my level of comfort will be first and foremost. I further understand that yoga, mindfulness, energy medicine and sound healing should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, therapist or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that yoga instructors and energy practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because yoga, mindfulness, energy medicine and sound healing should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

All information shared during a session is confidential. No information about any client will be discussed or shared with any third party without written consent of the client, or is a listed "YES" professional on this form.

Private Session: Each session appointment is a committed time for connection and healing. I understand that payment is expected before or at the time services are received and that payment may be made by cash, check or credit card via PayPal. I understand that I am expected to give at least 48 hours notice if I am unable to keep a scheduled appointment. In the event of missing or late canceling an appointment, the agreed upon session fee will be due.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Tennessee.

Print Name: \_\_\_\_\_

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is a digital signature that I certify by checking this box here: