

Pre-Course Evaluation – Kundalini Yoga for the Recovery of Childhood Trauma

Date of Course:																					
Name: Email: Phone:																					
<p>Brief description of how you have been feeling at this time:</p> <p>Please indicate if you have experienced any of the following in the past two weeks:</p> <table><tr><td>Anxiety Y/N</td><td>Trouble falling or staying asleep Y/N</td></tr><tr><td>Feeling emotionally numb Y/N</td><td>Sensitive to stress Y/N</td></tr><tr><td>Depression Y/N</td><td>On guard or hyper alert Y/N</td></tr><tr><td>Feeling irritable or angry Y/N</td><td>Low in energy Y/N</td></tr><tr><td>Low confidence Y/N</td><td></td></tr></table> <p>How would you rate your energy levels: (please circle)</p> <table><tr><td>Poor</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>Excellent</td></tr></table> <p>What strengths would you bring to this experience?</p> <p>What challenges or concerns?</p> <p>Take a moment to write a personal intention for this course:</p> <p>What professional support are you receiving? I.e. Doctor, Psychologist, Natural Health Professional, Herbs or Homeopathics, Medication, Support Group or Other</p> <p>Please use the space below if there is anything else you would like to tell us about yourself before the course:</p>	Anxiety Y/N	Trouble falling or staying asleep Y/N	Feeling emotionally numb Y/N	Sensitive to stress Y/N	Depression Y/N	On guard or hyper alert Y/N	Feeling irritable or angry Y/N	Low in energy Y/N	Low confidence Y/N		Poor	1	2	3	4	5	6	7	8	9	Excellent
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Poor	1	2	3	4	5	6	7	8	9	Excellent											
<p>Thanks for your time.</p> <p>The facilitator of the course may call you prior to the course. If you would like to speak to the facilitator before the course, please indicate yes or no here:</p>																					

Authorization for Release of Information
Kundalini Yoga for PTSD

I hereby authorise _____ to release information to and from
(Yoga Teacher's Name)

_____.
(Healthcare Provider's Name)

Information may include my participation in class or any concerns regarding my emotional or physical well-being.

This release is valid from _____ (date) to _____ (date)
or will expire 6 months from the date of my signature.

(Yoga Student/Client)

(date)

AGREEMENT –

The participant's signature below confirms that they read this agreement, understood it, and agree to it.

- The opinions, services and instruction being offered to me by YOUR NAME, or other instructors at his request, are not medical advice, consultation, therapy or treatment, nor does it include any other medical, mental, physical or spiritual diagnosis. I understand that the educational services and instruction provided by the instructors are not intended to be in place of or in lieu of any medical advice or treatment that I may require for any cause whatsoever, now or in the future.
- No representations or statements have been made to me in regards to the services or instruction that may be provided and no guarantee has been made to me in regards to expected results or a cure of any kind or for any medical condition.
- It is my responsibility to consult with a physician prior to and regarding my participation in the individual / group classes / workshops offered. I represent and warrant that I am physically fit and have no medical or mental condition which would prevent my full participation in classes, workshops, or instruction.
- Yoga requires physical exertion which may be strenuous and I specifically agree that YOUR NAME, all instructors, and any or all subordinate or affiliated people or organizations shall not be liable for any claim, demand, cause of any action of any kind, whatsoever for, on account of death, personal injury, property damage or loss of any kind resulting from or related to participating in class or use of the facilities or participation in any sport, exercise, yoga, or activity within or without the facility premises.
- I agree to monitor my own actions and make my own determination as to the appropriateness of any activity for me, and the teacher has explained that I may modify, stop, or skip any exercise. I am aware the teacher might use touch to evaluate and instruct.
- Engagement in any and all physical movement, exercises, or yoga is done at my own risk. I assume all risk and full responsibility of injury, illness, damage or loss to my person or property that might result. Should YOUR NAME or anyone acting on his behalf be required to incur attorney fees and costs to enforce this agreement, I agree to pay for all such fees and costs.
- I acknowledge that I am not to participate in a Kundalini Yoga class under the influence of drugs or alcohol taken within the previous 24 hours.

I, my heirs or legal representatives forever agree to release and discharge YOUR NAME, all instructors, employees, officers and agents of YOUR NAME and their assigns from any and all claims or causes of action known or unknown arising out of any act or negligence arising from my participation in their courses. I acknowledge that I have read this AGREEMENT and fully understand its contents.

Participant's Signature

Date