



Name:	Telephone: (      )		
Mailing Address:	Street	City/Town	Postal Code
Email:	Birthdate: MM/DD/YYYY		

What are your primary goals for your yoga practice?
How regularly are you interested in one-on-one practice (i.e weekly, monthly, seasonally)
How would you describe your previous yoga experience?
Are you comfortable receiving hands-on assists?
What style of practice are you interested in (i.e Vinyasa, Katonah Yoga/Restorative/Functional Mobility, Chair Yoga)
EMERGENCY CONTACT NAME/PHONE

Please check any existing or past conditions:

Osteoporosis ☐

High blood pressure	<input type="checkbox"/>
Back/neck pain	<input type="checkbox"/>
Knee pain	<input type="checkbox"/>
Low blood pressure	<input type="checkbox"/>
Hip pain	<input type="checkbox"/>
Anxiety/depression	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>
Pregnancy (current)	<input type="checkbox"/>
Low blood sugar	<input type="checkbox"/>
Osteopenia	<input type="checkbox"/>

Please list any other health concerns, injuries, allergies, surgeries or medical conditions.


In any physical activity, risk of serious physical injury is possible. Yoga is no substitute for medical diagnosis and/or treatment. The student assumes the risk of injury during our yoga class/private/workshop and releases the teacher, Sarah Krzyzanowski (Sarah K. Yoga) from any liability claims.

I, \_\_\_\_\_ (please print name), am participating in classes or workshops with Sarah Krzyzanowski (Sarah K. Yoga). I am aware of the physical risks involved with exercise and understand it is my personal responsibility to consult with my doctor regarding my participation. I have no medical condition, which I am aware of, that would prevent me from taking part in classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I understand that it is my responsibility to find a pace that suits me. I agree to the terms and conditions stated above.

Date MM/DD/YYYY

Signature \_\_\_\_\_



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**Rates:**

ZOOM Privates: 65-70 minutes \$75

In Person Private: (1-2 people) 75 minutes \$125

In Person Private: (3-6+ people) 75 minutes \$175

In Person Private: (6+ people) \$200

In Person Corporate: \$225

In Person Private at studio (locations available York or N. Hampton) available +\$20

\*Travel fee for locations greater than 15 miles from Greenland, NH \$25 (max 30 miles)

**Payment:** Invoices will be sent weekly or monthly at the students preference. Cash or check is preferred and should be addressed to **Sarah K Yoga LLC**. Payment can be given in person or mailed to 391 Portsmouth Ave, Greenland NH 03840 within 7 days of service. A 15% fee will be charged for late payments. Should you prefer Stripe/PayPal, there will be a \$3 processing charge which covers the transaction fee.

**Time:** All ZOOM privates are 60 minutes. All in person privates are 75 minutes.

**Props:** I have listed below my favorite props. While not a requirement, I do strongly encourage them for your own home practice.

[yoga chair](#) (optional)

[cork blocks](#) (2-4)

[blankets](#)

[quick release strap](#) (2)

[mat](#)

[bolster](#)

**Cancellation Policy:** Please provide me a minimum of 24 hours if you need to cancel. I will waive one late cancellation but after that, you will be charged for 50% of your rate.

**Goals:** You commit to a one on one yoga practice because you are dedicated to maintaining and refining technique. Not only will it help me guide you towards achievement, you will see, in time, the results of your



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learned and well utilized techniques. A goal can be anything, but be specific. Keep it to one thing. Whether it is to learn crow pose or to sleep better. We will review your goal or set a new one once achieved or biannually.

**Pre Class Tips:** Bring water, but stay hydrated throughout the day leading up to our session. I typically suggest students eat their last meal 1.5-2 hours before practice. Not only does this ensure time for proper digestion, but it prevents an energy crash. While I always have a plan, please let me know if there is something specific you would like to work on or avoid as we begin our time.

**Student Form/Waiver:** Please complete the student form to the best of your knowledge and ability. All information is confidential. For insurance purposes, please sign the above waiver for my personal liability insurance.