

## White Crow Yoga, LLC. Yoga Client Agreement

Client Name \_\_\_\_\_ Date \_\_\_\_\_

**Client Objectives (List top 1 or 2 objectives only). Be specific where possible.**

Example 1: Client wants to eliminate all back pain in all ADL (Activities of Daily Living) circumstances.

Example 2: Client wants to walk at a leisurely pace for 2 hours without pain (wants to travel/vacation).

**How is Objective Measured?**

Example 1: Client rates pain on scale of 0 to 10, where 0 is no pain and 10 is excruciating

Example 2: Client self-reports how far she can walk before pain sets in and rates level of pain.

**Where is Client Currently?** (Consider circumstances –example: pain level WHEN what happens? – At rest? During certain activities?) **How long has client been at this stage?**

Example 1: Client reports pain at a 7-9 when trying to sleep and ranges from 5-8 during ADL. Ongoing for last 5 years.

Example 2: Client is able to walk 15 minutes before it becomes painful. She rates the pain as starting at a 3-4 (at about 15 minutes) and getting progressively worse (up to an 8) if she tries to continue walking. Reports this has been issue for last 2 years.

**What will Client Consider Successful?** Consider Degrees (pain levels, distance, etc.) and Time Periods

Example 1: Pain level of 3-4 while sleeping and other daily activities (normal ADL) within 6 months...

Example 2: Walking at leisurely pace for 45 minutes with pain level of less than 3 within 3 months.

Client understands the above objectives. Client agrees to abide by program outlined by White Crow Yoga (WCY) to achieve goals. Client agrees to complete the program shown to him/her \_\_\_\_\_ times per week for \_\_\_\_\_ minutes per session. Client has read and agrees to the cancellation and refund policy.

Exact program will be provided in a separate document – Addendum A. Client agrees to meet with WCY Corrective Yoga Specialist on the schedule outlined in Addendum A. Client understands that failure to meet on this schedule and/or failure to fully participate in the program outlined will adversely impact outcome and that desired results are less likely to be met without strict program adherence.

I \_\_\_\_\_ (Yoga Wellness Specialist name), or one of my colleagues with the necessary skills and training, agree to be available to Client in accordance with the schedule outlined in Addendum A and to demonstrate and explain fully the program the client is expected to execute, and to furthermore evaluate progress of the program as we proceed and make changes where needed.

Client Signature and Date:

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White Crow Yoga, LLC. Signature and Date

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White Crow Yoga, LLC.

## Client Cancellation and Refund Policy

Client must give 24 hours advanced notice for cancellation of appointments. Failure to do so will result in client being charged the full price for the session that was missed. This will be billed automatically to the credit card on file with us.

Pre-paid packages (multiple sessions) are discounted and there is no refund on unused sessions. All sessions must be used within the time stipulated below:

5 package session must be used within 45 days

10 package session must be used within 90 days

If sessions are not used within this timeframe, they are not redeemable. Please respect our business policies and do not ask for a refund or exception.

**Client Signature and Date:**

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**White Crow Yoga, LLC. Signature and Date**

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