CONFIDENTIAL INFORMATION FORM

Yoga | Massage

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Nam	e : Date :
	e:E-mail:
Addr	255:
	of birth : Occupation :
Reco	mmended by :
	gency contact :
Are you currently on medication ?	
Ideni	ify any specific situations:
	ery: spine problems: back pain/neck pain: osteoporosis:
	a: fractures/ligaments: osteoarthritis: contact lens wear:
	/arterial hypertension: heart disease: pregnancy: constipation:
	nea: other:
Note	s:
Clie	nt Consent and Agreement Please read and sign below :
•	t is agreed that:
-	massage and yoga are relaxation and wellness techniques, totally safe
ı	massage and yoga do not have the direct purpose of treating illnesses, injuries or mental disorders
ا	the diagnosis and treatment of my possible health problems are exclusively the competence of doctors or other persons authorised to practice acts of care
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	the right to terminate the session immediately.
	O course subscriptions are valid for 4 months.
	course subscriptions are valid for a months. I case of cancellation within 24 hours, the session is counted and invoiced. No refund is taken
	nto account, except for a health problem and under presentation of a medical certificate.
	declare that I fully understand the meaning of all the preceding paragraphs. Consequently, I
	elease Mrs Alix GACHES from any responsibility in case of deterioration of my state of health
	uring or after the sessions.
`	
Place	, date and signature: