

## Private Yoga Client Agreement

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### **Private Yoga AGREEMENT**

I look forward to working with you. I am deeply committed to helping you create and achieve your vision for your physical, mental and spiritual well-being through the practice of Yoga and Meditation. Together we will explore what you want and what your natural and most powerful way of achieving it is. It's important that we have a clear understanding about our work together. Please read the agreement carefully before signing.

### **Our Responsibilities:**

You are responsible for creating your own decisions and results. You agree not to hold me, or any company I am affiliated with, liable for any outcomes, resulting directly or indirectly from the coaching process.

### **As your Yoga and Meditation Teacher, you can expect me to:**

1. Be a partner in bringing out the best, the deepest and the healthiest in you.
2. Provide safety, encouragement and support; and environment in which you can relax and explore.
3. Respect the confidentiality of our yoga sessions and information shared.
4. Expand your view of what is possible in fitness, and promote discovery of healthy lifestyle habits.
5. Give you input, straight feedback and operate as a sounding board throughout our practices.
6. Listen carefully to what you say and respond with therapeutic yoga poses to match your needs.
7. Be an on-going resource for you in accomplishing your health and wellness intentions.

### **I expect that you, as my client, will:**

1. Cultivate a true honesty with yourself, and your overall health, fitness and wellness goals.
2. Take responsibility for creating value and results for yourself.
3. Be open to my feedback, and keep me honestly informed as to what is and is not working for you.
4. Take ownership for your progress and your accomplishments. You will progress greatly!
5. Keep your regularly scheduled appointments, as the results of our work together are cumulative. The best results happen because of your consistency and follow-through.

### **CONFIDENTIALITY:**

I am committed to keeping all contacts, information and your records confidential. No information shared with me will be shared with anyone else, unless information is subpoenaed by a court of law.

**Missed Appointment:** I understand that emergencies can happen to anyone; therefore, if an emergency keeps you from attending a session, please call whenever possible to let me know of the circumstances. Such events as death in the family, serious accidents, serious illness and hospitalization are considered "emergencies"; otherwise, your appointment is reserved strictly for you. Please call to cancel at least 24 hours in advance, or the full amount of a missed appointment fee will be charged.

**Payments:** Payment is due when services are rendered. This means each in-person session, or phone session, will be accompanied by full payment unless other arrangements have been made prior to this visit. Please see my website for fees and series packages. [Yoga Class Fees](#)

You may purchase sessions from me via my website, or pay via [PayPal.Me/CWalker304](https://www.paypal.com/payto/cwalker304). If you prefer to pay by check, payment should be made out to Cindy Walker, and/or Yoga and The Art of Living, and delivered in person, at the conclusion of each session. If you become an on-going client, I will track our sessions, and bill you monthly. Payments are due in full upon receipt.

**Communication:** Please feel free to leave messages on my voicemail or text me. If your call is urgent, please let me know, and I will call/text you back as soon as I possibly can. You may also reach me via email at [cindy@y-tal.com](mailto:cindy@y-tal.com). I will respond to your email a.s.a.p. I am happy to support you briefly (10 minutes or less) over the phone (at times, other than our scheduled sessions), when I am free of other commitments.

**Termination of Our Work:** Because a good termination process is important to your personal growth, you are asked to give a one-session notice. I am very interested in your ongoing progress. I would therefore appreciate established during our work together.

## CLIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Which phone should I use as your primary contact number?

(Circle one):      Home      Cell      Work

Is it okay to leave a message on your home phone? \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CLIENT NAME

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cindy Walker, B.A. eRYT LCL

\_\_\_\_\_  
Date