INTEGRAL YOGA
Client Release and Waiver of Liability Agreement

I, NANCY J. WOOD (Client), as a client of
ANNA VASUDEVAN (Intern), hereby agree to the following:

RELEASE AND WAIVER OF LIABILITY

1. I am voluntarily participating in the Integral Yoga Therapy Practicum ("Practicum") which may involve physical, mental, emotional and spiritual wellness and Yoga practices offered by ANNA VASUDEVAN (Intern). I am fully aware that the Intern is in training in the Integral Yoga Therapy Certification program, and at this time is not a Certified Yoga Therapist. I further understand that the Intern will be mentored by a Certified Yoga Therapist during the time completing the Practicum.

2. I recognize that I am choosing to participate in the Practicum in my current state of physical, mental, and emotional health. I understand that the Practicum may require physical exertion, and I represent and warrant that I am able to clearly communicate my physical capabilities and limitations, and I have no reason which would prevent my full participation in the Practicum. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Practicum. If I have consulted a physician, I have taken and will continue to take the physician's advice. I understand that the Intern reserves the right, at their complete discretion, to refuse my participation in the Practicum. I understand that I have the right and duty to refuse any activity that may be perceived as counter to my physician's advice, or which feels painful or unsafe.

3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the Practicum.

4. In further consideration of being permitted to participate in the Practicum, I knowingly, voluntarily and expressly waive any "Claim" (as defined below) I may have against the Intern, Integral Yoga owners, members, employees, and/or its instructors, teachers, volunteer staff, workshop presenters, independent contractors and the landlord of the Intern (each, a "Released Party") for any Claim that I may sustain as a result of participating in the Practicum even if the Claim arises from the negligence of any Released Party or anyone else. I agree to indemnify and hold harmless each Released Party from any loss or liability incurred in defending any Claim made by me or any third party (including the employees and agents of the Intern and its contractors) even if the Claim is alleged to or did result from the negligence of any Released Party. "Claim" includes but is not limited to any and all liabilities, claims, demands, expenses, fees (including attorneys' fees), legal actions, rights of actions for damages, personal injury, property damage, mental suffering and distress or death that I may suffer, my children or unborn child may suffer (including any legal fees or expenses) in connection with participation in any Practicum.

5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue any Released Party for any Claim caused by any negligence or other acts of a Released Party.

6. This agreement shall be construed in accordance with, and governed by, the laws specific to the State I am receiving my training. I have carefully read this release and waiver of liability and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein. I

am aware that by signing this release and waiver of liability, I am giving up substantial rights that I or my heirs and assigns may have against any Released Party.

Nancy J Wood
Signature of Client

NANCY J WOOD
Printed Name of Client

7/03/24
Date

YOGA THERAPY INTAKE FORM

Our work will be to identify and support your goals of enhancing your health and well-being through an array of Yoga-based practices. The practices may range from gentle postures, stretching, breathing, meditation, guided relaxation, and affirmations, to healthy lifestyle choices. Depending on your interests we may also use visualization, journaling, movement, or other techniques to support your self-discovery, transformation, and healing process.

In all cases, the work is client-centered and you are a full participant in the journey. By providing the information on this Intake form you will help me to tailor services to meet your needs. If there are any other medical or life circumstances not included in this form that would impact our work together, please let me know so that we may adapt practices specifically for your situation.

The information you provide will help us to work more effectively with you. All information will be strictly confidential, and nothing will be shared with a third party unless mutually agreed upon.

Name NANCY WOOD Date 7/03/24

Address 118 S MILL DR, S GLASTONBURY, CT 06073

Phone number 917-940-6155 Email nancy.jeanne22@gmail.com

Profession BOOKKEEPER

Pronoun(s) SHE / HER Weight 195 Height 5'4"

Date of Birth 4/22/1960 Age 64

Emergency Contact JOANNE DEXTER (SISTER) 203-525-8839

INSTRUCTIONS FOR YOUR FIRST YOGA THERAPY CONSULTATION

Thank you for giving thoughtful consideration as you complete this New Client Questionnaire. You will have ample opportunity to address any concerns that require more detail during your appointment with your practitioner.

Please send to me the completed New Client Questionnaire before your first visit

Please also bring a Yoga mat and wear comfortable clothing

Client confidentiality will be observed under all circumstances.

If you do have any questions please contact me.

Anna Vasudevan 513-3745844 or annavasudevanyoga@gmail.com

Please answer the following questions or mark the answer most related to your response.

Why are you seeking Yoga Therapy?
I HAVE LOST BODY STRENGTH AND FLEXIBILITY. I AM HOPING THAT YOGA WILL HELP ME REGAIN BOTH.

Are you familiar with **Yoga**? (Yes) No

If so, what is your experience? I USED TO PRACTICE HATHA YOGA IN MY 30's + 40's

Medical provider

Are you currently under the care of a doctor or other healthcare provider? (Yes) No

If so, please identify the provider(s): SHAUNA RAGO APRN

Please briefly explain any specific condition you seek to improve through Integral Yoga Therapy.
LOSS OF STRENGTH AND FLEX. BREATHWORK - I HAVE COPD + SLEEP APNEA AND FIND I HOLD MY BREATH OFTEN

Do you have a diagnosis from a health care practitioner about this condition? (Yes) No

How long have you had this condition? 3-4 YEARS

Physical Body

Do you currently exercise? Regularly Occasionally (Infrequently)

If yes, what kind of exercise and how often?
I AM VERY SEDENTARY. I WALK MY DOG DAILY, WE LIVE ON A HILL.

How would you describe your general health? Great! Good Okay (Fair) Poor

Do you have injuries or limitations? My LEFT KNEE IS ARTHRITIC

Diet

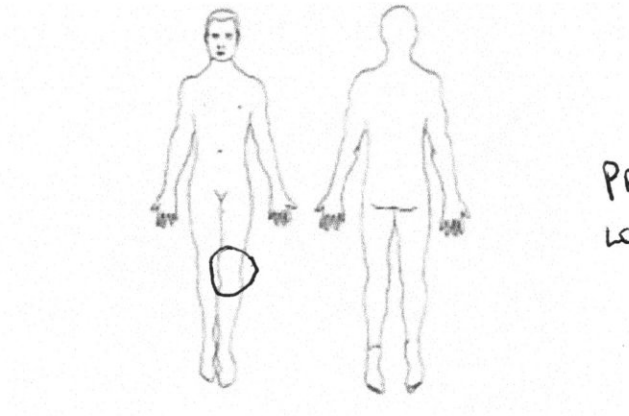
Do you feel your diet needs improvement? (Yes) No I CONSUME TOO MUCH SUGAR

Do you inhale smoke in any form (tobacco, incense, marijuana)? Yes (No)

Do you drink coffee or any other stimulant? How often? I DRINK 1 CUP OF CAFINATED TEA IN THE MORNING + SWITCH TO DECAF FOR THE REMAINDER OF THE DAY

Pain

Do you have physical pain? If yes, please mark the places you experience pain in the image to the right and feel free to elaborate on them. How much is your pain on a scale from 1 to 10?



PAIN IS IN KNEECAP
LEVEL 3

Please list any relevant medical history (major injuries, hospitalizations, or surgeries)

(year event treatment outcome)

1995 - BROKE LEFT ARM (ELBOW + WRIST)

Please list any prescription or non-prescription drugs you are taking and describe what they are for.
SYNTHROID - THYROID, METFORMIN - PRE DIABETES, PROPANALOL - TREMORS, MILD IN HANDS, FOLIC ACID - MEMORY,
PANTOPRAZOLE - HEARTBURN, ATORVASTATIN - CHOLESTEROL, XYZOL - ALLERGIES, SERTRALINE - - DEPRESSION, XANAX - ANXIETY, BREZTRI - COPD, ALBUTEROL - ASTHMA

Energy and Breath

What time of day do you have the most energy? Morning (Mid-day) Evening Night Please share anything you'd like to tell me about your energy level
I GET WORN OUT EASILY, MUSCLE FATIGUE, OUT OF BREATH

When do you usually sleep (time asleep and time awake)? SLEEP 1:00AM - 10:AM

How would you describe the quality of your sleep? Great Good Okay Fair (Poor) SLEEP APNEA WAKES ME UP 19 TIMES PR HOUR. I'M WAITING FOR A CPAP MACHINE.

If you experience fatigue, please describe its impact, frequency, and what you do to manage it.
I WALK ABOUT 650 STEPS A DAY. I SPEND THE MAJORITY OF MY TIME SITTING.
How would you describe your breathing?

Mental Health

Please feel free to describe the current sources of stress in your life.
I WORK PART-TIME FROM HOME. I WORK 2-4 HOURS MOST DAYS. I ALWAYS HAVE WORK THAT NEEDS TO BE DONE. I HAVE MILD PANIC ATTACKS. WHEN I'M NOT WORKING, I'M NOT STRESSED
How would you rate your stress level (circle one)? Low Moderate High Very high

Please describe your practices, means, and coping mechanisms for handling stress (including allopathic and integrative approaches).

WHEN I FEEL AGITATED, I SIT STILL AND BREATH. I HAVE ALOT OF BIRDS, CHIPMONKS, BUNNIES ETC IN MY YARD AND AN EASYCHAIR FACING THE WINDOW. AT NIGHT I TAKE XANAX TO TURN OFF THE DAY.

Please list any current mental health diagnoses and treatment.

DEPRESSION, ANXIETY DISORDER BOTH MANAGED WITH MEDICINE PRESCRIBED FROM MY PSYCHIATRIST.

Please list any previous mental health diagnoses and treatment.

MY DIAGNOSIS HAS REMAINED THE SAME THROUGHOUT MY ADULT LIFE. I WAS/AM AN ALCOHOLIC BUT HAVE BEEN SOBER SINCE 2012.

Please explain any relevant mental health history you think I should know.

I HAVE BEEN TREATED WITH ANTI-DEPRESSANTS AND ANTI-ANXIETY DRUGS FOR 25 YEARS

Wisdom and Intellect

What are the major sources of intellectual stimulation and engagement in your life now?
I MOVED IN WITH MY SISTER LAST YEAR. SHE IS AN ENGLISH PROFESSOR AND VERY INTERESTING TO TALK TO. I'VE BEEN READING ALOT LATELY.
What would you like to learn and/or teach? I HAVE BEEN EXPLORING AYURVEDA FOR THE PAST COUPLE YEARS.

Connection and Meaning/Purpose

How would you describe your social support system? Exceptional Strong Okay Marginal (Poor)
BESIDES MY SISTER I HAVE MY ELDEST DAUGHTER WHO I'M VERY CLOSE WITH. I ALSO HAVE 3 GOOD FRIENDS. MY DAUGHTER + FREINDS LIVE IN NY. I SEE
Do you have a religious/spiritual orientation? THEM ON TRIPS DOWN EVERY FEW WEEKS.
I HAVE A CHRISTIAN BACKGROUND BUT CONSIDER MYSELF SPIRITUAL RATHER THAN RELIGIOUS. I AM A NON (OR JUST BARELY) ACTIVE REIKI MASTER
What connection is important for your life and health (nature, family, pets, volunteering, etc.)? Do you feel connected in meaningful ways? I THINK THAT CURRENTLY MY MAIN CONNECTION IS MYSELF. I UPROOTED MY LIFE 10 MONTHS AGO TO LIVE WITH MY SISTER BUT THE MAJORITY OF THE TIME I AM ALONE. I'VE SPENT ALOT OF TIME REFLECTING ON MY LIFE AND WHERE IT IS IM GOING.
Do you feel that you know why you are here? (Alive on Earth)
I BELIEVE I WAS MEANT TO BE A LIGHT WORKER BUT WAS DE-RAILED BY ALCOHOL. I "KNOW THINGS" AND I CAN USE MY ENERGY TO REMOVE SOMEONE'S
What, if anything, should I know about your belief system or worldview? Is there anything else you HEADACHE.
would like to share? How can we best support you?
WHEN I THINK OF MY FUTURE, I SEE MYSELF LEAN + HEALTHY. I DO YOGA AND EAT A PRIMARILY PLANT BASED DIET. I MEDITATE TWICE A DAY AND AM SOMEONE WHO PEOPLE COME TO FOR HEALING. MY REALITY IS STARKLY DIFFERENT. I AM SEEKING THE GUIDES WHO CAN HELP ME ON MY WAY.