



**Kerala Ayurveda Academy & Wellness Center**

691 S. Milpitas Blvd, Suite 206  
Milpitas, CA 95035  
(510) 257-6640 Ext 121

Health Seeker Intake form

These forms are indicative of the nature of questions and flow. Actual dimensions and spacing suggested are different.

<b>Today's Date:</b>		<b>Age:</b>	<b>Gender:</b> M      F      Other
<b>Name (Last, First, MI):</b>		<b>Height:</b>	<b>Weight:</b>
<b>Address (No. Street):</b>		<b>DOB:</b>	<b>Place of Birth</b>
<b>City, State, Zip Code:</b>		<b>Phone C</b>	<b>h</b> <b>w</b>
<b>E-mail:</b>	<b>Occupation:</b>	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced/Separated
		<input type="checkbox"/> Single	<input type="checkbox"/> Cohabiting
			<input type="checkbox"/> Widowed
<b>Emergency Contact Name:</b>		<b>Referred by:</b>	
<b>Phone:</b>			

**What is your ethnicity?**

Native American

Asian

Hispanic

Mediterranean

African American

South Asian

Caucasian

Northern European

Other

**With whom do you live?** *Include children, parents, other occupants, and pets with ages*

**What do you hope to achieve with your health consultation today?**

**Main problem(s) you would like help with**

Describe problem	Start date	Mild/Moderate/Severe	Attempted treatment and response

*Mild – some discomfort, Moderate – creates much trouble, but can continue regular activities, severe – restricts your daily routine*

**Are you diagnosed with any medical conditions?**

Conditions	Start date	Control status	Treating physician, affiliation

**Are you taking any prescription medications?**

Medication Name	Start date	Dosage	Prescribed by

**Are you taking any herbal or alternative medicine?**

Name	Start date	Dosage	Prescribed by

**Are you taking any vitamins or nutritional supplements?**

Name with dose of main ingredients	Start date	Regularity	Given by

*e.g., One a Day, Centrum, other vitamins*

**Family History** Fill only the positive yes as 'Y' or a tick mark

	Father	Mother	Brother(s)	Sister(s)	PGM	PGF	MGM	MGF
Diabetes								
Hypertension								
Heart Disease								
Stroke								
Asthma								
Cancer (type)								
Hypothyroid								
Arthritis								
Other								
If not living, age of and cause of death								

*PGM, PGF = Paternal grandmother, grandfather; MGM, MGF =maternal grandmother, grandfather*

**Were there any diseases that you suffered from earlier?**

Disease	Start and end date	Treatment – drugs, exercise, etc.

*Include major infections like typhoid, malaria, hepatitis*

**Have you had any kind of surgery or minor procedures performed on you?**

Procedure	Date	Who and where was it performed

*Include any Panchakarma, Acupuncture and other treatments here as well*

**Please list any hospitalizations**

Year	Condition	Procedure done

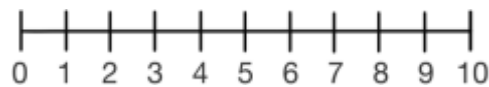
**How much do you physically move your body?**

Activity	Intensity	Hours	Days/ week	Start date
How often do you break a sweat with exercise? (times/week)				
How many hours do you watch TV every week?				
Do you watch TV, read or surf while eating meals?				

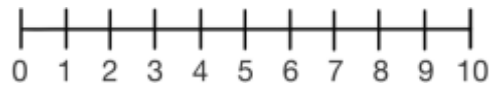
**Do you connect with yourself? How and how often? Hobbies/music/ meditation/ community service etc.**

**On a scale of 1 to 10, please indicate for the past week:**

**How stressed you have been? 0 – not at all, 10 extreme**

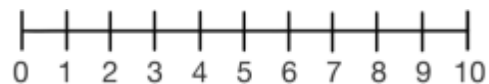


**What is your energy level? 0 – very poor, I can barely get through the day, 10 – excellent, I can do more!**



**Rate on a scale of 0 to 10, how hungry do you feel at different meal times?**

*0 – not at all 1-3 – mildly hungry 4-7 moderately hungry, 8-9 – quite hungry 10 – very hungry!*



	Example	Morning	Mid-morning	Lunch	Snack	Evening	Dinner	Bedtime
Time	11am							
How hungry	0-10							

**Rate on a scale of 1-5 how the following applies**

*If 1= Always, 2= Often, 3=Sometimes, 4=Rarely, 5=Never*

	<b>Rate</b>	<b>If 3 or below, it indicates</b>
Is the above pattern mentioned irregular?		<i>Vāta (Vishama)</i>
Can you skip meals easily?		<i>Kapha/Āma (Manda)</i>
Are you mostly always ready to eat – whatever the time of the day it maybe?		<i>Pitta (Tikshna)</i>
If hunger is not gratified, do you feel uncomfortable or irritable?		<i>Pitta (Tikshna)/ (Vāta)</i>
Do you end up feeling fuller earlier than expected at the start of a meal?		<i>Āma/ Vāta (Manda/Vishama)</i>
Are there times when even little quantity of food doesn't get digested for a long time?		<i>Āma (Manda)</i>
Does your food get digested well on some days and sometimes not?		<i>Vāta (Vishama)</i>

**Habits** Please indicate usage: none, light, moderate, or heavy. Add comments where significant.

	Heavy	Moderate	Light	None	Comments
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Personal preference**

Which weather do you prefer?	Warm / cool/ both
Which extreme of weather are you unable to tolerate?	Hot / Cold / Neither
Which taste do you prefer?	Sweet/ Sour/ Salty/ Hot/ Bitter/ Astringent
How thirsty do you feel?	Often/ Moderate/ Not much
Do you sweat easily?	Often/ Not that much/ rarely

Please indicate below any symptoms you have experienced in the last three months:

### General

- |   |                                       |  |   |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Poor appetite          | <input type="checkbox"/> Weight gain  | <input type="checkbox"/> Fevers              | <input type="checkbox"/> Sudden energy drop     |
| <input type="checkbox"/> Cravings               | <input type="checkbox"/> Weight loss  | <input type="checkbox"/> Chills              | <input type="checkbox"/> <i>Time(s) of day:</i> |
| <input type="checkbox"/> Change in appetite     | <input type="checkbox"/> Poor sleep   | <input type="checkbox"/> Tremors             |   |
| <input type="checkbox"/> Peculiar tastes/smells | <input type="checkbox"/> Fatigue      | <input type="checkbox"/> Poor balance        |   |
| <input type="checkbox"/> Strong thirst – hot    | <input type="checkbox"/> Night sweats | <input type="checkbox"/> Localized weakness  |   |
| <input type="checkbox"/> Strong thirst – cold   | <input type="checkbox"/> Sweat easily | <input type="checkbox"/> Bleed/bruise easily |   |

### Skin and Hair

- |                                    |  |                                       |  |
|------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Rashes    | <input type="checkbox"/> Change in skin/hair texture | <input type="checkbox"/> Recent moles | <input type="checkbox"/> Other skin/hair problems: |
| <input type="checkbox"/> Skin tags |  | <input type="checkbox"/> Loss of hair |  |
| <input type="checkbox"/> Itching   | <input type="checkbox"/> Hives                       | <input type="checkbox"/> Dandruff     |  |
|                                    | <input type="checkbox"/> Pimples                     |                                       |  |

### Head

- |                                      |                                    |  |
|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Dizziness   | <input type="checkbox"/> Migraines | <input type="checkbox"/> Other head/neck problems: |
| <input type="checkbox"/> Facial pain | <input type="checkbox"/> Headaches |  |

### Eyes, Ears, Nose and Throat

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Glasses         | <input type="checkbox"/> Blurry vision   | <input type="checkbox"/> Poor hearing   | <input type="checkbox"/> Grinding teeth         |
| <input type="checkbox"/> Poor vision     | <input type="checkbox"/> Color blindness | <input type="checkbox"/> Earaches       | <input type="checkbox"/> Recurrent sore throats |
| <input type="checkbox"/> Cataracts       | <input type="checkbox"/> Eye pain        | <input type="checkbox"/> Nose bleeds    | <input type="checkbox"/> Sore on lips or tongue |
| <input type="checkbox"/> Eye strain      | <input type="checkbox"/> Spots in vision | <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Jaw clicks             |
| <input type="checkbox"/> Night blindness | <input type="checkbox"/> Ringing in ears | <input type="checkbox"/> Teeth problems |   |

### Cardiovascular

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Swelling of feet     | <input type="checkbox"/> Chest pain      | <input type="checkbox"/> Blood clots       | <input type="checkbox"/> Other problems with heart or blood vessels: |
| <input type="checkbox"/> Low blood pressure   | <input type="checkbox"/> Fainting        | <input type="checkbox"/> Cold hands        |  |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Dizziness       | <input type="checkbox"/> Swelling of hands |  |
| <input type="checkbox"/> Irregular heartbeat  | <input type="checkbox"/> Venous swelling | <input type="checkbox"/> Cold feet         |  |

### Respiratory

- Cough
- Pain with deep breath
- Phlegm color:
- Other:
- Coughing blood
- Difficulty lying down

### Musculoskeletal

- Neck pain
- Hand/wrist pain
- Foot/ankle pain
- Back pain
- Hip pain
- Other muscle pain
- Shoulder pain
- Knee pain
- Muscle weakness

### Gastrointestinal

- Nausea
- Gas
- Blood in stools
- Other problems with stomach or intestines:
- Vomiting
- Belching
- Black stools
- Diarrhea
- Indigestion
- Abdominal pain/cramps
- Constipation
- Bad breath
- Chronic laxative use

### Genito – Urinary

- Frequent urination
- Urgency to urinate
- Kidney stones
- Do you wake up to urinate, how often?
- Pain on urination
- Unable to hold urine
- Impotency
- Blood in urine
- Decrease in flow
- Excessive sexual urge

### Neuropsychological

- Lack of coordination
- Depression
- Seizures
- Easily susceptible to stress
- Bad temper
- Concussion
- Areas of numbness
- Poor memory
- Dizziness
- Treated for emotional problems
- Anxiety
- Loss of balance
- Other:

## Pregnancy and Gynecology

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Painful periods                    | <input type="checkbox"/> Use birth control<br><i>Type: _____ How long: _____</i> | <input type="checkbox"/> Age at first menses:  |
| <input type="checkbox"/> Clots                              | <input type="checkbox"/> No. of pregnancies: _____                               | <input type="checkbox"/> Date of last menses:  |
| <input type="checkbox"/> Irregular periods                  | <input type="checkbox"/> No. of births: _____                                    | <input type="checkbox"/> Menses duration:      |
| <input type="checkbox"/> Vaginal discharge                  | <input type="checkbox"/> No. of premature births: _____                          | <input type="checkbox"/> Length of full cycle: |
| <input type="checkbox"/> Vaginal sores                      | <input type="checkbox"/> No. of miscarriages: _____                              | <input type="checkbox"/> Date of last PAP:     |
| <input type="checkbox"/> Breast lumps                       | <input type="checkbox"/> No. of abortions: _____                                 |  |
| <input type="checkbox"/> Premenstrual symptoms              |  |  |
| <input type="checkbox"/> Unusual character (heavy or light) |  |  |



**Kerala Ayurveda Academy & Wellness Center**  
691 S Milpitas Blvd, Suite 206, Milpitas, CA 95035  
(510)257-6640  
[www.keralaayurveda.us](http://www.keralaayurveda.us)

## GENERAL INFORMATION

### ABOUT AYURVEDA

Ayurveda is the 5000-year-old wisdom of healthy living. It is a way of natural healing and emphasizes maintaining the harmony of body, mind, and spirit through diet, lifestyle, and natural herbs. In Ayurveda the emphasis is not on a disease, but on maintaining the balance of individual body constitution. Ayurvedic treatments are never one size fits all. They are custom tailored for each person's individual needs.

Ayurveda is complimentary to and supportive of traditional western medicine, and as practiced in the United States, does not replace medical diagnosis, treatment, or prescribing. **DO NOT DISREGARD MEDICAL ADVICE OR DELAY IN SEEKING IT BECAUSE OF ANY SERVICE OR PRODUCT PROVIDED BY US. ALSO, CONSULT YOUR DOCTOR BEFORE ALTERING OR DISCONTINUING ANY MEDICATION, TREATMENT, OR CARE, OR STARTING ANY DIET, EXERCISE, OR SUPPLEMENTATION PROGRAM, OR IF YOU HAVE, OR SUSPECT YOU MAY HAVE, A HEALTH CONDITION THAT REQUIRES MEDICAL ATTENTION.**

### ABOUT US

Our wellness center ("**Wellness Center**") is part of Kerala Ayurveda Academy ("**Academy**"), a training institution for students of Ayurveda. Traditional Ayurvedic services are offered through the Wellness Center, including body-constitutional analysis, lifestyle guidance, Ayurvedic body work, yoga, meditation, and Vedic Astrology ("**Services**"). The Services are provided for educational purposes and support the training of Academy students, who at the Wellness Center work alongside faculty members and certified Ayurvedic practitioners.

### DISCLOSURES

1. The Services are alternative or complementary to healing arts services licensed by the State of California.
2. The Services are provided by individuals ("**Practitioners**") who are not licensed physicians or otherwise licensed by the State of California as healing arts practitioners.
3. The Services are not licensed by the State of California.
4. Prior to receiving any Service, we will provide you information regarding the Service, including

the fee and payment terms for the Service, the nature of the Service, the theory upon which the Service is based, and the Practitioner’s educational, training, experience, and other qualifications regarding the Service.

If you have any question regarding this document or our Services, please contact us at [wellness@keralaayurveda.us](mailto:wellness@keralaayurveda.us). Additional information regarding Kerala Ayurveda and its offerings can be found at [keralaayurveda.us](http://keralaayurveda.us).

**I have read, understand, and agree to the information above.**

Client’s Signature

Signature of the Legal Guardian

Print Name

Print Name

Date

Date



**Kerala Ayurveda Academy & Wellness Center**  
691 S Milpitas Blvd, Suite 206, Milpitas, CA 95035  
(510)257-6640

## **PATIENT RIGHTS AND PRIVACY PRACTICES NOTICE**

Kerala Ayurveda (“we”, “our”, “us”) respects your (“you”, “your”) privacy. This notice explains how we handle the health-related information you share with us (“your information”) and your rights in connection with your information.

### **1. OUR COMMITMENT TO PRIVACY**

We treat your information as confidential. We may use or share your information to:

- a. Provide and coordinate the services you request
- b. Schedule and confirm appointments
- c. Follow up with you about services, recommendations, or resources
- d. Improve our operations and client experience

We may disclose your information without your authorization only as required or permitted by law; for example, in response to a valid court order, to report certain public-health matters, or to prevent an imminent threat to health or safety.

We may use third-party digital service providers to store and process your information. Our agreements with those providers limit use of your information and include privacy obligations.

We will not use or share your information for marketing purposes without your written permission.

We will notify you if a breach occurs and we determine that your information was compromised or acquired.

### **2. YOUR RIGHTS**

You have the following rights regarding your information:

- a. Notice. To be informed of how your information is used and shared.
- b. Access. To ask to see and receive a copy of the information we keep about you.
- c. Amendment. To ask us to correct or add to your information if you believe it is inaccurate or incomplete.

- d. Restrictions. To request limits on how we use or disclose your information. While we may not be able to agree in every case, we will attempt to honor reasonable requests.
- e. Confidential Communications. To request that we contact you in a certain way (for example, by mail or at a specific phone number).
- f. Disclosures. To ask for a record of certain disclosures of your information.
- g. Copy of this Notice. To request a paper copy of this notice.

**3. RETENTION/RECORDKEEPING**

We maintain records of the services you receive in order to provide continuity of care and support our training programs. We retain these records for at least 7 years (longer in the case of minors) and then securely destroy them.

**4. INQUIRIES/COMPLAINTS/REQUESTS**

Please contact us at [wellness@keralaayurveda.us](mailto:wellness@keralaayurveda.us) if you have any question about this notice or our privacy practices, you would like to access or request correction of your records, or you believe your privacy rights have been violated. Additional information regarding health information privacy in California can be found at <https://oag.ca.gov/privacy/facts/medical-privacy/patient-rights>.

**I have read, understand, and agree to the notice above.**

Client’s Signature

Signature of the Legal Guardian

Print Name

Print name

Date

Date



**Kerala Ayurveda Academy & Wellness Center**  
691 S Milpitas Blvd, Suite 206, Milpitas, CA 95035  
(510) 257-6640  
[www.keralaayurveda.us](http://www.keralaayurveda.us)

## **OFFICE POLICY NOTICE**

Kerala Ayurveda Academy (“**we**”, “**our**”, “**us**”) is committed to providing you excellent service. To ensure the efficiency and effectiveness of our office operations, we have implemented the following office policies that apply to you (“**you**”, “**your**”) and other clients of our wellness center.

### **1. PAYMENT**

- a. Insurance. Currently, we do not accept insurance payments. You are personally responsible for the payment of all fees and other charges related to the services and products provided or otherwise made available to you. Payment is required in advance of any appointment, and the receipt of any of our services or products. For certain services, payment is required at the time you schedule your appointment. You may pay by cash, check, debit card, credit card, or any other form of payment that we accept. All payments are nonrefundable.
- b. Credit/Debit Cards. We may request that you provide a credit/debit card for the payment of fees and other amounts due for services and products provided or otherwise made available to you. Any such information will remain encrypted in our system. We do not maintain a hard copy of such information. You authorize us to charge your credit card for all fees and other amounts due (e.g., administrative fees) for the services and products provided or otherwise made available to you.
- c. Collection Costs. Interest on all unpaid amounts shall accrue at a rate of 1.5% per month, or the highest interest rate allowable by law, whichever is lower. You are responsible for all costs and expenses related to collection of any amounts due, including (without limitation) any collection agency fees, court costs, or attorney’s fees.

### **2. APPOINTMENTS**

- a. Rescheduling, Cancellations, and Late Arrivals. If you would like to cancel or reschedule an appointment, you must notify us at least 48 hours prior to your scheduled appointment. For Monday appointments, you must notify us by 5pm (PT) on the Friday prior to your appointment. If you fail to provide the required notice or are more than 15 minutes late for an appointment, you will forfeit your appointment and be charged an administrative fee of \$50. We may cancel or reschedule any appointment at any time and for any reason. If we cancel an appointment for which you previously paid, and if the appointment is not rescheduled, we will refund or credit, at your option, the amount you paid for the appointment.

- b. Paperwork Submission. Some services require you to complete and submit certain forms or otherwise provide us certain information at least 48 hours in advance of your appointment. If you fail to timely provide us the required forms/information, you will forfeit your appointment and be charged an administrative fee of \$50.

To help avoid any appointment-related loss mentioned above, please verify your availability prior to scheduling any appointment, and on your calendar, in addition to noting your appointment date, also include the applicable rescheduling, cancellation, and paperwork submission deadlines.

3. PREGNANCY. If you know or suspect you may be pregnant, you must notify us prior to your appointment.
4. PRIVACY. A copy of our [Privacy Policy](#) can be found on our website, [keralaayurva.us](#).

We may revise our office policies at any time and for any reason. If you have a question regarding any policy, or if you would like to schedule, change, or cancel any appointment, contact us at (510) 257-6640 ext. 121 or [wellness@keralaayurveda.us](mailto:wellness@keralaayurveda.us).

**I have read, understand, and agree to the policies above.**

Client's Signature

Signature of the Legal Guardian

Print Name

Print name

Date

Date



**Kerala Ayurveda Academy & Wellness Center**  
691 S Milpitas Blvd, Suite 206, Milpitas, CA 95035  
(510) 257-6640  
[www.keralaayurveda.us](http://www.keralaayurveda.us)

## TERMS OF SERVICE

For and in consideration of Ayurveda Academy Inc. dba Kerala Ayurveda Academy (“**Company**”) allowing me (the client whose name appears in the signature block below) to receive any service, or participate in any other wellness-related event, class or activity, provided by, though, or in collaboration with Company, I (for myself and my personal representatives, assigns, heirs, and next of kin) hereby acknowledge and agree as follows:

1. **EFFECTIVE DATE; TERMINATION.** This Terms of Service agreement (“**Agreement**”) is a legally binding agreement between me and Company, is effective as of the signature date below, and governs my participation in any service, or any other wellness-related event, class or activity, provided by, though, or in collaboration with Company (each a “**Service**” and collectively, the “**Services**”). Company may terminate or amend this Agreement at any time and for any reason, with no advance notice to me.
2. **SERVICES.** At any time and for any reason, Company may change the practitioner(s) and other representative(s) assigned to any Service(s), update its list of Services, or cancel, change, or terminate any Service(s). If Company terminates or cancels any Service for which I previously paid, I will be notified of such action and receive a credit or refund for the terminated or cancelled Service, as applicable. Company has no obligation to allow me to participate in any Service.
3. **FEES AND PAYMENT.** In advance of registering for/scheduling any Service, I will be notified of the fee(s), terms of payment, accepted forms of payment, and cancellation policy, for such Service. By registering for/scheduling any Service, I agree to its fee(s), terms of payment, accepted forms of payment, and cancellation policy. Company may change its fees at any time and for any reason. Company will notify me if I have an appointment that will be affected by any such change.
4. **RECORDINGS.** I may take written notes during any Service. However, without Company’s prior written consent, I am, and others acting on my behalf are, prohibited from recording (digitally, electronically, or otherwise) any Service. I understand that some Service activities are open to the public (Public Activity) and may be photographed, videotaped, webcast, or otherwise recorded and broadcast, and that anything I say or submit because of my participation in a Public Activity may be recorded, broadcast, and posted online indefinitely. Company will notify me in advance of any such recording and allow me, at Company’s option, to participate in the Public Activity without being recorded or receive a refund/discount for amounts paid/due for the Public Activity. The recordings will be the property of Company, will not be considered part of my Record, and may be deleted by Company at any time. I hereby irrevocably grant to Company the unrestricted, non-exclusive, and assignable right to use my name, photograph, image, likeness, voice, and biographical information obtained as a result of my participation in any Public Activity, for purposes of advertising, trade, publicity, education, or any other reasonable purpose, and in any manner, medium, or forum, anywhere, in perpetuity, without compensation or prior notice to me.

5. INTELLECTUAL PROPERTY. Company (and its licensors, where applicable) shall own all rights, title, and interest in and to each Service, its content, including software, audio, video, text and photographs (“**Content**”), and any suggestions, ideas, enhancements, requests, feedback, recommendations, or other information provided by me or any third party, relating to the Service(s) or Content. Any use of the Content, including distribution, reproduction, modification, display, or transmission, without the prior written consent of Company, is strictly prohibited. All copyright and other proprietary notices shall be retained on all reproductions.
6. DISCLAIMER. NEITHER COMPANY NOR ANY OF ITS AFFILIATES MAKE ANY PROMISE OF BENEFITS, CLAIM OF CURE, OR GUARANTEE OF RESULTS TO BE ACHIEVED IN CONNECTION WITH ANY OR ALL SERVICE(S) OR PRODUCT(S) PROVIDED BY, THROUGH, OR IN COLLABORATION WITH COMPANY. I WILL NOT DISREGARD MEDICAL ADVICE OR DELAY IN SEEKING IT BECAUSE OF ANY SERVICE(S) OR PRODUCT(S) PROVIDED BY, THROUGH, OR IN COLLABORATION WITH COMPANY OR ANY OF ITS AFFILIATES. I WILL CONSULT MY DOCTOR BEFORE ALTERING OR DISCONTINUING ANY MEDICATION, TREATMENT, OR CARE, OR STARTING ANY DIET, EXERCISE, OR SUPPLEMENTATION PROGRAM, OR IF I HAVE, OR SUSPECT I MAY HAVE, A HEALTH CONDITION THAT REQUIRES MEDICAL ATTENTION. ALL SERVICES AND PRODUCTS PROVIDED BY, THROUGH, OR IN COLLABORATION WITH COMPANY OR ANY OF ITS AFFILIATES ARE PROVIDED “AS IS” AND WITHOUT ANY EXPRESS OR IMPLIED WARRANTIES, INCLUDING WARRANTIES OF RELIABILITY, USEFULNESS, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR NONINFRINGEMENT.
7. ASSUMPTION OF RISK. I WILL RECEIVE THE SERVICE(S) AND PRODUCT(S) ASSOCIATED WITH THE SERVICE(S) (“**ASSOCIATED PRODUCTS**”) AT MY OWN RISK. I AGREE TO FOLLOW ALL APPLICABLE POLICIES AND PROCEDURES ASSOCIATED WITH SUCH SERVICE(S) AND/OR PRODUCT(S). I UNDERSTAND THE RISKS ASSOCIATED WITH THE SERVICE(S) AND PRODUCT(S), INCLUDING RISK OF PHYSICAL INJURY (UP TO AND INCLUDING DEATH), PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, DISABILITY, AND ECONOMIC LOSS. I ALSO UNDERSTAND THESE INJURIES AND OUTCOMES MAY ARISE FROM MY OWN, OR OTHER’S, ACTIONS, INACTIONS, OR NEGLIGENCE, OR THE CONDITIONS OR LOCATION OF THE SERVICE(S). I HEREBY KNOWINGLY AND VOLUNTARILY ACCEPT AND ASSUME RESPONSIBILITY, TO THE FULLEST EXTENT PERMITTED BY LAW, FOR EACH OF THE AFOREMENTIONED RISKS AND ALL OTHER RISKS AND DANGERS THAT COULD ARISE FROM, OR WHICH ARE RELATED IN ANY WAY TO, THE SERVICE(S) AND/OR ASSOCIATED PRODUCT(S), WHETHER SUCH RISKS ARE KNOWN OR UNKNOWN, OR FORESEEABLE OR UNFORESEEABLE, AND INCLUDING RISKS ASSOCIATED WITH TRAVEL TO OR FROM ANY LOCATION (BY AIR, TRAIN, MOTOR VEHICLE, OR OTHERWISE).
8. RELEASE AND WAIVER. TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY RELEASE FROM LIABILITY AND WAIVE MY RIGHT TO SUE COMPANY AND ITS AFFILIATES (INCLUDING SUVEDA INC AND KERALA AYURVEDA LTD), AND EACH OF THEIR RESPECTIVE MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AGENTS, REPRESENTATIVES, CONTRACTORS AND INSURERS (“**RELEASED PARTIES**”) FOR ANY AND ALL CLAIMS, ACTIONS, PROCEDURES, COSTS, EXPENSES, DAMAGES, LIABILITIES, AND CAUSES OF ACTION OF ANY KIND OR NATURE WHATSOEVER (KNOWN OR UNKNOWN, FORESEEABLE OR UNFORESEEABLE, AND INCLUDING ATTORNEY’S FEES) (“**CLAIMS**”), ARISING FROM OR RELATED IN ANY WAY TO ANY SERVICE(S) AND/OR PRODUCT(S), PROVIDED BY OR THROUGH COMPANY AND/OR ANY OF ITS AFFILIATES. THIS RELEASE AND WAIVER INCLUDES CLAIMS RELATED TO THE NEGLIGENCE, FAULT, OR CONDUCT OF ONE OR MORE OF THE RELEASED PARTIES, AND CLAIMS INVOLVING PHYSICAL INJURY (UP TO AND INCLUDING DEATH), PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, DISABILITY, AND/OR ECONOMIC LOSS. I AM AWARE THAT I MAY DISCOVER FACTS DIFFERENT FROM, OR

IN ADDITION TO, THOSE THAT I NOW KNOW OR BELIEVE TO BE TRUE WITH RESPECT TO THE MATTERS RELEASED IN THIS SECTION AND AGREE THE RELEASE GIVEN IN THIS SECTION SHALL BE AND REMAIN IN EFFECT AS A FULL AND COMPLETE RELEASE OF THE CLAIMS, NOTWITHSTANDING ANY SUCH DIFFERENT OR ADDITIONAL FACTS.

TO THE FULLEST EXTENT PERMITTED BY LAW, I EXPRESSLY WAIVE THE PROTECTION OF SECTION 1542 OF THE CALIFORNIA CIVIL CODE, AND EXPRESSLY WAIVE AND RELEASE ANY RIGHTS OR BENEFITS THEREUNDER. SECTION 1552 OF THE CALIFORNIA CIVIL CODE STATES: "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY."

9. CONSENT TO CARE. IF I BECOME ILL OR AM INJURED WHILE RECEIVING, OR OTHERWISE IN CONNECTION WITH, THE SERVICE(S), I CONSENT TO ANY AND ALL MEDICAL TREATMENT CONSIDERED NECESSARY OR ADVISABLE BY ANY MEDICAL, EMERGENCY, OR OTHER ATTENDING PERSONNEL.
10. GOVERNING LAW; VENUE; JURY TRIAL AND CLASS ACTION WAIVER. This Agreement shall be governed by, interpreted under, and construed and enforced in accordance with, the laws of the State of California, without giving effect to any conflicts of law principles. Venue for all purposes shall be deemed to lie in Santa Clara County, California. **TO THE MAXIMUM EXTENT ALLOWABLE BY LAW, I HEREBY WAIVE ANY RIGHT TO TRIAL BY JURY OR TO PARTICIPATE IN A CLASS ACTION.**
11. NO THIRD-PARTY BENEFIT. Nothing contained in this Agreement shall be deemed to confer any right or benefit on any person who is not a party to this Agreement. Any third party discussed or mentioned during any consultation or other Service provided hereunder, shall not, because of the discussion or reference, be a client of Company. If I share any such plan, recommendation, or information with a third party, I agree to advise the third party to consult his/her doctor prior to implementing such plan, recommendation or information.
12. POLICIES. I will abide by all of Company's applicable policies, procedures, rules, and regulations (whether now or hereinafter in effect) (each a "**Policy**" and collectively, the "**Policies**"), and agree that if I fail to abide by any such Policy, Company, in its sole and absolute discretion, shall have the right, at any time, to restrict or prohibit my ability to participate, in whole or in part, in any Service(s).
13. INQUIRIES; NOTICES. I understand I may contact Company [wellness@keralaayurveda.us](mailto:wellness@keralaayurveda.us) if I have any question regarding this Agreement or any Service(s) or product(s) provided by Company. Any notice to Company provided or permitted under this Agreement must be in writing and sent to Company at the address indicated below, or such other address as Company may designate by notice to me:

Jayarajan Kodikannath, CEO  
Kerala Ayurveda Academy  
691 S Milpitas Blvd, Suite 206  
Milpitas, CA 95035

Company may obtain my consent or provide me any notice required or permitted under this Agreement, (a) electronically through Company's client portal, (b) by email sent to me at the email address provided in the signature block below or such other email address as I may provide to Company, or (c) by written

communication sent to me at the physical address provided in the signature block below or such other address as I may provide to Company.

14. CONSENT TO COMMUNICATIONS. I agree to receive communications from Company and/or any of its Affiliates, including newsletters, special offers, and event invites. The communications may be sent to the email address(es) and/or telephone number(s) I provide to Company. If I do not wish to receive any such communication, I may opt out by following the unsubscribe option included in the communication.
15. ENTIRE AGREEMENT; CONSTRUCTION; SEVERABILITY. This Agreement constitutes the entire agreement between Company and me, and supersedes all prior agreements and understandings, oral or written, with respect to the subject matter hereof. The titles and section headings of this Agreement are provided for convenience only and will not affect the construction or interpretation of this Agreement. The terms “include” and “including” indicate examples of a predicate word or clause and not a limitation on that word or clause. In the event an ambiguity or question of intent or interpretation arises, this Agreement shall be construed as if drafted jointly by Company and me, and no presumption or burden of proof shall arise favoring or disfavoring any party by virtue of the authorship of any of the provision(s) of this Agreement. If any provision (or portion of a provision) of this Agreement is found to be illegal, invalid, or otherwise unenforceable, the remaining provisions (or portion of a provision) of this Agreement shall not be affected thereby and shall be found to be fully valid and enforceable permitted by law.
16. ACKNOWLEDGEMENT AND AUTHORIZATION. I have read this Agreement, fully understand its terms, understand I am giving up rights by signing it, and am signing it voluntarily and without any inducement or assurance of any nature. I am 18 years of age or older and legally able to accept this Agreement.

Client’s Signature

Signature of the Legal Guardian

Print Name

Title

Address

Address

Email

Print name

Email

Phone

Phone

Date

Date