



Class day & location :.....

Date commenced:.....

## Registration/ Waiver Form

### PERSONAL DETAILS

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_ Newsletters and updates YES NO

Have you had any previous experience with yoga and/or meditation? Please describe.

\_\_\_\_\_  
\_\_\_\_\_

Please list any physical health problems or medical conditions that might interfere with your ability to participate in yoga and/ or meditation

\_\_\_\_\_  
\_\_\_\_\_

Injuries or surgery? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact \_\_\_\_\_ number: \_\_\_\_\_

What are you hoping to gain from attending yoga and/or meditation classes?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about this yoga and/or meditation class? \_\_\_\_\_

### Release and waiver of liability

In any physical activity risk of injury is possible. Yoga is no substitute for medical diagnosis and treatment. You should be comfortable throughout your class, if you experience pain please stop immediately and seek advice from your instructor. The yoga class participant assumes the responsibility of their practice and releases the teacher and relief teachers of Yoga2Fitness from any liability claims.

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I, \_\_\_\_\_, am participating in Yoga and/or meditation classes with Yoga2Fitness. I accept responsibility for informing Yoga2Fitness teacher about any medical conditions, injuries, pregnancy or changes to my health that may affect my practice, prior to a class commencing. I understand it is my personal responsibility to consult with my doctor or health practitioner regarding my participation. I have no medical or mental condition, which would prevent me from taking part in yoga and/or meditation. I understand the instructions are intended as guidance and I assume responsibility to practice within my personal limits and to decide whether or not to follow the suggestions provided by the instructor. I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

Date \_\_\_/\_\_\_/\_\_\_

Signature \_\_\_\_\_