



Registration Form

Title _____	First Name _____	Last Name _____
Age _____	Date of Birth _____	
Address _____		
Suburb _____		Postcode _____
Phone _____	Email _____	
Opt-In to email updates <u>YES</u> / <u>NO</u>		
Occupation _____		
Emergency Contact _____	Phone _____	Relationship _____
Have you participated in yoga before? If so what style and how often?		

How did you hear about us? _____		

Do you have any medical conditions which the teacher should be aware?

For example, high / low blood pressure, heart condition, diabetes, asthma, epilepsy, frequent chest pain?

If yes, please list and explain briefly how this impact you. _____

Are you in a 'state of recovery'?

If yes, please describe how this impacts you & indicate area of the body

Head / Neck

Torso

Shoulder / Elbow / Arm / Wrist / Hand

Hip / Knee / Ankle / Leg

Have you consulted your healthcare professional about commencing yoga?

YES / NO

Are you pregnant YES Weeks _____ / NO

What are your main reasons for practicing yoga?

I just like it

Stretch

Relaxation

Work out / burn off excess energy

Clarity and focus

Yoga Therapy

Stress and Anxiety relief

Other _____

To complement existing exercise, describe

Is there anything else you would like me to be aware of? _____



Yoga Waiver and Release Form

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in yoga that you listen to your body and respect its limits on any given day.

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor.

I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

I understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment.

Yoga is not recommended and is not safe under certain medical conditions.

By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program, if required.

In addition, I will make the instructor aware of any medical conditions or physical limitations before class.

If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate.

I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Rebecca Cope t/a Be the Best Me and all related facilities and premises for any personal injury or negligence. Additionally, the facility, instructor and Rebecca Cope t/a Be the Best Me are not in any way responsible for any loss or damage of your personal property.

Those under 18 years of age must have this form signed by a parent or guardian.

If any portion of this release form liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from.

I have carefully read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law and that it cannot be changed orally.

Signature: _____

Printed Name: _____

Date: _____