



feeling wholesome yoga

Client Waiver & Release Form

Welcome. Congratulations on enrolling in a feeling wholesome yoga class. I am looking forward to working with you to achieve your health and wellbeing goals. The information below will help you get the best from your yoga practice and will be treated as strictly private and confidential and stored in accordance with General Data Protection legislation.

Personal Information

Name: _____ Date of Birth: _____

Street: _____ Suburb: _____

Phone: _____ Email: _____

Can we add you to our mailing list? Yes No

Are there any specific injuries, ailments, medical conditions or medications your teacher should know about? Yes No

Briefly outline: _____

Important Note: If you have any medical conditions likely to be affected by yoga practice, or you are pregnant or likely to be pregnant, you must refer to your Doctor prior to practising yoga.

Emergency contact: Name: _____ Phone: _____

Have you attended a yoga class before? Yes No

If yes, please give details _____

What brings you to Yoga? _____

Please bring a Yoga mat, a towel and some water. You may also want to have your own yoga strap and a couple of yoga blocks. It is more hygienic to have your own plus you will be able to practice at home.

Wear comfortable clothes you can move and exercise in. We practice in bare feet so please leave your shoes outside. For the comfort of others, please avoid wearing strong perfume or smoking just before class. Avoid eating at least 1 hour prior to class.

Please be on time or a few minutes early. You will be practicing Hatha Yoga. Hatha Yoga is physical postures and pranayama (breathing) practices. Depending on the class, it may also include some meditation and all classes end with relaxation.

If anything changes in relation to your health please let your teacher know.

Yoga is for everyone. You don't need previous experience or flexibility. Everyone works with their own body's capability on the day. There is no competition. Be kind to yourself. Listen to what your body is telling you. You can come out of a posture at any time; you do not need to wait until the teacher says so.

I look forward to seeing you in class.

Tina



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I understand I am responsible for my own health and wellbeing. During class I will listen to the instructions carefully and then listen to my body. I will not do any practice that I believe is not suitable for my body or current state of mind. If I have any doubts I will seek clarification from my yoga teacher. I will consult my doctor about any health concerns.

I confirm I am in good physical condition and have no known medical condition or disability which would prevent me from safe participation in classes and activities offered by feeling wholesome.

I understand that even with clear instruction there is a possibility of personal injury associated with participating in activities offered by feeling wholesome. I am aware of, and accept the risks associated with exercise, and that feeling wholesome yoga is practiced where the floor may be slippery.

I understand that yoga includes physical movements as well as the opportunity for relaxation and 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 teacher. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may occur through participation.

I understand 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 my health and physical condition to be good enough to participate in such a fitness program. If required, I also confirm I have sought verification from my doctor that I am able to participate in such a fitness program. In addition, I will make the teacher 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 now have or may have hereafter against feeling wholesome and all related facilities and premises for any personal injury or negligence. Additionally, the facility, instructor and feeling wholesome 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 from liability shall be deemed by a Court of competent jurisdiction 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 recognise 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.

By signing you confirm that you have read and understood the Terms & Conditions featured within www.feelingwholesome.com. A copy is available upon request.

Signature: _____

Witness Signature: _____

Printed Name: _____

Witness Name: _____

Date: _____

Date: _____