

| Email Address — | Contact Phone | |
|---|--|--|
| Emait Address | | |
| Have you practiced yoga before? | Yes | No |
| Are you currently suffering from any medical condition, illness or injury? | Yes | No |
| if yes, please specify | | |
| Are you pregnant? | Yes | No |
| if yes, please specify | | |
| Have you been hospitalised in the last 12 months? | Yes | No |
| if yes, please specify | | |
| Is there any additional information you would like your teacher to be aware of? | | |
| The practice of Yoga involves physical activity (Asana), breathing exe activity, the risk of injury, even serious or disabling is always present an will provide verbal cues inviting you to move and breathe in a particula to your own abil | d can not be enti r way, these cues lity. ctice, and seek me gnancy, injury or a at any time you be | rely eliminated. During class, the Teac are guidelines only. You should alway edical consent where necessary. It is a ilment (recent or ongoing), prior to ev elieve something is unsafe for you, or |
| your responsibility to notify the Teacher of any medical condition, preg class. Yoga may at times be challenging, but should never be painful. If you are unable to participate due to physical injury or a medical conditi (the teacher) immed By signing your name, you confirm that you acknowledge and agree to the risks and hazards of participating in Yoga classes, and agree to assu | he Soundology te me full responsib | ility for any injuries and/ or damages, |
| your responsibility to notify the Teacher of any medical condition, preg class. Yoga may at times be challenging, but should never be painful. If you are unable to participate due to physical injury or a medical conditi (the teacher) immed | he Soundology te me full responsib | ility for any injuries and/ or damages, v |