

Struisbaai Yoga

YOGA CLASS WAIVER FORM

PLEASE NOTE THAT THE INFORMATION ON THIS FORM IS CONFIDENTIAL

FIRST NAME : _____ SURNAME _____ AGE : _____

ADDRESS : _____

EMAIL : _____

CELL PHONE NO : _____ WHATSAPP : yes _____ no _____

(STUDIO COMMUNICATION CAN BE DONE VIA WHATSAPP AND/OR EMAIL)

NEXT OF KIN NAME : _____ CELL PHONE NO : _____

HAVE YOU PRACTISED YOGA BEFORE _____ IF SO, FOR HOW LONG : _____

Please inform the teacher before a class of any injuries, conditions or if you are menstruating as postures can be modified to suit your needs.

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.

Please bring along a yoga mat, small face towel and a small bottle of water to each class.

WAIVER

I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity programme, including yoga, if I am pregnant, have any pre-existing conditions, injuries or have had a recent surgery, and seek consent where necessary, before starting yoga practice.

I confirm that it is my responsibility to notify my teacher of any existing conditions or injury before a yoga class.

I shall not perform any postures to the extent of strain or pain. I take full responsibility for my voluntary participation in the yoga classes.

I accept that neither the teacher, nor the hosting facility, are liable for any injury, or damages, to a person or property, resulting from entering the studio and/or participating in a yoga class.

I shall not attend a yoga class if am not feeling well, have a cold, temperature, or flu.

Those under 18 years of age must have this form signed by a parent or guardian before their first yoga class.

I confirm that I have read and understand the above.

I, the undersigned, do hereby indemnify and hold harmless the studio, the owner, and any employee thereof against all or any claims howsoever arising from all or any of the activities directly or indirectly referred to above or otherwise.

FULL NAME

SIGNATURE

DATE

PLEASE COMPLETE BEFORE YOUR FIRST YOGA CLASS