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### STUDENT INFORMATION &

### WAIVER FORM

**NAME:**

**ADDRESS:**

**TEL.:**  **MOBILE:**

**E-MAIL:**

**YOGA EXPERIENCE (if any):**

*The information requested below will help us to make the classes you attend as safe, productive and enjoyable as possible.* ***Details will be treated in the strictest confidence and seen only by your teacher(s)****.*

*If at any time during class you feel discomfort or strain, gently come out of the posture and rest. It is vital in yoga that you listen to your body and always respect its limits, which will vary from day to day.*

**CURRENT LIMITATIONS/INJURIES?**

**Do you currently, or have you ever suffered from any of the following (if yes, please give details):**

High/low blood pressure Heart condition

Back/neck pain Chest/lung condition

Eye/ear conditions Epilepsy

Arthritis Hernia

Migraine/headaches Varicose veins

Date of Birth: Due date (if pregnant):

I, the undersigned, understand that yoga is not a substitute for medical attention, diagnosis or treatment. If I have old or current physical issues/injuries, I have the approval of my doctor to attend the yoga class, and I recognise that it is my responsibility to notify the teacher of any illness or injury before every session.

I accept that neither the instructor, nor Stable Yoga, is liable for any injury, or damages, to person or property, resulting from taking the class. (Those under 18 must have this form signed by a parent/guardian.)

**SIGNED**:  **DATE:**