



Yo Yoga Soul

WWW.YOYOGASOUL.CO.UK

Liability Release and Medical Registration Form for Staff Yoga

All information given will be treated in the confidence and stored in accordance with Data Protection legislation. I understand that for insurance requirements they will be kept for 8 years after which they will be destroyed. I give my permission for my records to be kept? YES / NO.

Name D.O.B..... Emergency Contact.....

Joint problems	Back or neck problems
Chest pains	Dizziness
Respiratory problems	High or low blood pressure
Arthritis	Epilepsy
Ear or eye disorders	Other

If you have answered yes to any of the above, please seek the approval of your doctor before taking part

Please provide specific details about the medical conditions indicated above and any medicines taken:

Previous experience - if you have previously practiced yoga, please indicate for how long.

Personal aims - what are your main reasons for taking yoga classes (optional)?

I, _____, hereby agree to the following terms and conditions:

1. I am participating in yoga classes, workshops and/or other wellness, therapy and healing arts activities (collectively, the "Activities") offered by **YoYogaSoul**
2. I recognize that I must be in adequate health to participate in the Activities. I understand that the Activities may involve physical exertion. I warrant that I am physically fit enough to participate, and I have no medical condition which would prevent my full participation unless otherwise stated **above**. As the Activities may cause or aggravate an injury or medical condition, I understand that is my responsibility to consult with a physician **before** my participation in the Activities. I understand that **Yoyogasoul** reserves the right to refuse my participation on medical, fitness or any other grounds.
3. I take responsibility for my physical limitations and will stop or modify my participation in any Activity before I become injured or aggravate a pre-existing injury.
4. I hereby state that I will inform the trainer of any symptoms (e.g. fatigue, shortness of breath, chest discomfort, any pain/discomfort /concern for my safety/benefit) **during** my participation in exercise. If I have a medical condition, an existing injury, recent surgery or taking any prescribed medications that could affect my performance, I will inform the trainer prior to participating as in the form above.
5. I understand that I will be given instructions on how to perform an exercise. I will ask the trainer any questions if I do not understand.

Signature of participant: _____

Date: _____

If you wish to be contacted about classes and workshops, as well as offers and well-being advice that maybe of interest, please supply your home email address below. We will respect your privacy according to Data Protection Rules.

Email address: