

## Yoga Registration, Waiver & Release Form

In order to keep all students safe, this form must be completed before participating in a yoga class on a single or series basis. In the event of any change to this information, it is the responsibility of the student to inform the Yoga teacher.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ State/Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address:  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to receive a yoga newsletter, class updates and special offers by email: YES / NO

### Consent/Acceptance of risk:

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.

I understand that yoga includes physical movements as well as an opportunity for relaxation, 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. I am voluntarily participating in these activities with full knowledge, understanding and appreciation of the dangers involved. I understand that by participating in an online class, the instructor may not be able to see or supervise me in the same way as face to face. I acknowledge that I am participating in the class in a space that I deem is safe for me to practice in. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation in either a face to face or online class.

- I will not engage in practice if a pre-existing medical condition is negatively affected by physical activity.
- I will seek medical clearance before participating in practice if a pre-existing medical condition exists.
- I will inform the teacher of any pre-existing medical condition before class.
- If I am under 18 years of age, I must have parent permission.

I agree to abide by current Government regulations regarding COVID safety and the requirement to check in to each class using a QR code. I understand that in the event of any COVID outbreak Body & Soul Yoga may be required to share my name and contact phone number with NSW health officials for contact tracing purposes.

\_\_\_\_\_  
Signature of Participant

(or parent/carer if participant is under 18years)

\_\_\_\_\_  
date

**PLEASE TURN OVER**



I understand that 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 that a licensed physician has verified my good health and physical condition to participate in such a fitness program, if required. In addition, I will make the instructor 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. **\*\*Please advise if you are pregnant or become pregnant at any time – Vinyasa flow & Core Yoga classes are not suitable for pregnant students.**

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 have now or may have hereafter against **Body & Soul Yoga** and all related facilities and premises for any personal injury or negligence. Additionally, the facility, instructor and **Body & Soul Yoga** are not in any way responsible for any loss or damage of my personal property.

If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to 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 recognize 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.

**Disclosed pre-existing injuries or illnesses:**

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\_\_\_\_\_  
Signature of Participant  
(or parent/carer if participant is under 18years)

\_\_\_\_\_  
date

**Help us tailor this class to fit you better:**

I **have / have not** practiced Yoga before. If yes, my level is **Beginner Intermediate Advanced**

I am currently involved in a regular fitness program **yes / no**

What I would like to achieve from my yoga class: \_\_\_\_\_

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**PLEASE TURN OVER**