

# Real Me Yoga

## 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. Your details will not be kept on file. **Information contained and shared from this sheet will only be used to help you in your yoga practice and will be treated in the strictest of confidence.**

If at any time you feel unwell during class or feel discomfort or strain, then 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 can vary day to day.

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 or Real Me 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: \_\_\_\_\_

CURRENT LIMITATIONS/INJURIES: \_\_\_\_\_

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

High/low blood pressure		Heart condition	
Back/neck pain		Chest/lung condition	
Ear/eye conditions		Epilepsy	
Arthritis		Hernia	
Migraine/headaches		Varicose vein/s	
Vertigo/balance issues		Due date if pregnant	