



# EB Yoga

## Registration/Consent and Waiver Form

Name: ..... Surname: .....  
 Circle gender: M F Date Of Birth: ...../...../.....  
 Address: .....  
 Post Code: ..... Phone Number: .....  
 Email Address: .....  
 Emergency Contact Name: .....  
 Emergency Contact Phone Number: .....

Have you practiced yoga before and if so which style and for how long?  
 .....

What do you hope to gain from yoga?  
 .....

On a scale of 1-10, how physically active is your lifestyle currently (10 being the most active)?  
 .....

What other forms of exercise do you do and how often?  
 .....

List any physical conditions, limitations or sensitivities that may affect your practice:  
 .....

Do you suffer from or have any numbness or pain in (circle all that apply):

Shoulders - Wrists - Hips - Back - Knees - Feet - High or Low blood pressure - Arthritis - Osteoporosis - Neck/Spine Injury  
 - Asthma - Migraines - Diabetes -Epilepsy - Heart Condition(s)

Other (please note): .....

In certain instances hands on adjustments may be used for alignment purposes. Are you comfortable with hands on adjustments? Please circle: NO YES

### RELEASE AND WAIVER and Guardian consent if under the age of 18

I am aware of the physical injury risks involved with exercise and understand that it is my responsibility to consult with my physician prior to my participation in any classes or prior to receiving any instruction. In consideration of the acceptance of my registration for the activities and programs offered by EB Yoga, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, promise not to sue, and hereby waive, release and discharge EB Yoga and anyone acting for or on its behalf, from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the activities and programs offered or sponsored by EB Yoga or by attending EB Yoga related events in any location. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under The Occupier's Liability Act).

I agree that EB Yoga is not responsible in the event of loss, damage, unauthorized use, theft, or injury resulting from and to any personal property that I bring to any classes held in any location.

I have read this document carefully and acknowledge that I have complete knowledge and understanding of its contents. I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

*Data privacy – by signing this form you agree to your personal details being held for the purpose of taking part in EB Yoga classes and being contacted by EB Yoga. The information will not be shared with anyone else, and will only be used for the purposes stated. You can cancel EB Yoga membership at any time. Your personal details are safe with EB Yoga – the EB Yoga data privacy policy can be had upon request.*

Signature/Guardian Consent: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL INFORMATION IS STRICTLY CONFIDENTIAL. THANK YOU FOR FILLING THIS FORM.**