



Client Information Form

First Name: _____ Surname: _____

Email Address: _____ Mobile: _____

Emergency Contact: (Name & Number) _____

How did you hear about Embrace Yoga _____

Do you have any medical concerns? (i.e. injuries / physical limitations) _____

If female, are you pregnant? _____ Overall fitness level: (low / avg / high) _____

How would you like to benefit from your yoga practice? (e.g. flexibility / strength / stress reduction / connection with others / increase confidence) _____ Would you be interested in Yoga Retreats? _____

What is (are) your preferred class time(s): _____

Embrace Yoga Waiver & Release Form

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.

Liability Release: 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. If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support from the teacher. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

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 teacher 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. 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 hereafter against Embrace Yoga Australia and all related facilities and premises for any personal injury or negligence. Additionally, the facility, teacher and Embrace Yoga Australia are not in any way responsible for any loss or damage to your personal property. *Those under 18 years of age must have this form signed by a parent or guardian.*

I understand that I need to provide Embrace Yoga with at least 24 hours notice to book into a session/workshop to ensure my reservation is secured. I understand that I must provide Embrace Yoga with 24 hours notice should I be unable to attend a booked session. There are no credits for missed classes, whereby I am late.

If any portion of this release form 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 served here from.

Privacy Policy: All personal information will not be shared or sold and will be for the sole use of Embrace Yoga Australia. I give permission to Embrace Yoga Australia to use photographs &/or comments in which I or family members may be featured. Photographs /or testimonials obtained during any Embrace Yoga Australia sponsored event may be shared with program participants &/or used as part of a public display which may include the Embrace Yoga Australia website &/or print and electronic publications.

Return policy: Class packages are non-refundable but can be transferred to another Embrace Yoga Australia student. Workshops &/or retreats cancelled by Embrace Yoga Australia can be refunded to original form of payment or credited to their Embrace Yoga Australia account for future purchases.

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 recognise 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.

Signature of Participant: _____ Date: _____

If under 18 year of age: As legal guardian of _____, I consent to the above terms and conditions.

Signature of parent/guardian of participant _____ Name of parent/guardian: _____