

Michelle Thompson Yoga

Yoga Student Information and Waiver Agreement

Name: _____ Date: __/__/__

Occupation: _____

Address: _____

Postcode: _____

Phone: ()

Email: _____

Marital Status: Married / Single / Divorced / Domestic Partner / Widowed / Other: _____

Emergency Contact: _____

Relationship: _____

Phone: () -

Have you practiced Yoga before? _____ If so for how long? _____

Style / Experience etc _____

Why are you starting yoga _____

Do you have numbness/pain in (circle all that apply): neck shoulders elbows hands wrists hips lower back upper back knees feet other

(please note): _____

Limitations, Injuries or existing conditions _____

Anything else you'd like me to know? _____

Please read carefully and sign the following agreements:

I understand that yoga includes physical movement, breath-work, meditation, and stretching techniques. As is the case with all physical activity, I understand that the risk of injury is always present and cannot be entirely eliminated. If I experience any pain or discomfort I will listen to my body, and adjust or come out of the posture, and inform and seek assistance from my teacher.

I know that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I also know that I am responsible for doing my own research and consulting a doctor before starting any new regimens, including yoga. I understand that yoga is not safe under certain medical conditions and take full responsibility for making the informed decision to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Michelle Thompson

Client Signature: _____

Date: / /

Website: www.michellethompson.co.uk

Email: michelle.thompson.yoga@gmail.com

Facebook: www.facebook.com/michellethompsonyoga

Mobile: 07748 695292