

REGISTRATION FORM
CONTACT DETAILS

Name:

Date of Birth:

Phone:

Address:

Post Code:

Email Address:

I understand I will automatically be subscribed to the Yoga and Meditation Lounge Emailing List and will receive monthly newsletters keeping me updated with information relevant to classes at the Lounge. I understand that this is also how I will be notified about unexpected class cancellations. I can unsubscribe at any time.

Emergency Contact:

Phone:

CLASSES

What are you looking for in a yoga practice?

- | | |
|-------------------------------------------|----------------------------------------------|
| <input type="radio"/> Meditation | <input type="radio"/> Gentle Yoga |
| <input type="radio"/> Relaxation | <input type="radio"/> Regular Yoga |
| <input type="radio"/> Breathing Practices | <input type="radio"/> Other (please specify) |

How did you find out about classes?

TERMS

- I will inform each teacher before the start of each class about any medical conditions and injuries that I have, and if I am pregnant.
- I am in good health & do not suffer from any heart conditions, low/high blood pressure or similar problems, and if so, have received my doctors consent to participate.
- I understand **all Class Passes have an expiry date** and become invalid after expiry. I will note the expiry date and **I understand it is my responsibility to attend classes before Class Passes expire.**
- I understand that passes are valid for one user and once paid for, classes are non-refundable.
- I understand the practice of yoga, as with any form of exercise, can be potentially dangerous & that by participating in classes I may be exposed to certain risks, and that & understand whilst participating in classes at the Yoga and Meditation Lounge that physical injuries may occur. I assume the risk and full responsibility for any injury resulting in my participation. I participate in the activity at my sole risk and responsibility.
- I release & indemnify the Yoga and Meditation Lounge, and its nominated agents, from any claim, liability or action that may arise as a result of any loss, damage or personal injury suffered by me, whether directly or indirectly arising out of any act or omission by the Yoga and Meditation Lounge or its agents.
- **Before signing this form, I have read and understood it**, and know that it affects my legal rights.

Signature:

Date:

If under 18 years, Signature of Parent or Guardian:

Date: