

PRIVATE AND CONFIDENTIAL – print, sign and return this page to Yoga Matters

Consider your personal history of medical conditions which may affect you and may have a bearing on your Yoga practice and state condition(s) which may include but are not limited to recent surgery, cardiovascular, pulmonary, neurological, psychological, muscular, or skeletal dysfunction or disease.

Privacy Statement: Any information you give will be kept strictly confidential and will not be disclosed to anyone outside Yoga Matters

Waiver

I confirm that I:

- have read and understood the disclaimer and prohibitions and precautions information
- have/will read the Yoga class logistics and etiquette information
- will read the class booking / cancellation procedure and policy which is clearly stated on the website and available in hard copy at the studio
- take responsibility for hydrating well prior to attending a class
- take responsibility for checking with my GP/healthcare professional about any personal health concerns that I have prior to attending any class
- take responsibility for checking with my GP before participating in classes if I am/I become pregnant
- will declare any existing medical conditions to my teacher that may have a bearing on my Yoga practice
- will declare any new medical conditions as they arise to my teacher that may have a bearing on my Yoga practice
- will follow the instructions given to me by my teacher and will discuss any deviation and/or modification of the asanas with the teacher prior to class
- will listen to the teacher and pace myself so as not to create any unnecessary injuries or discomfort
- understand that any physical activity brings with it the risk of injury and I assume the risk for my own Yoga practice and release the studio and teachers from any liability claims in relation thereto
- will not hold Yoga Matters, its owners, employees or instructors responsible for any injuries suffered by me caused whole or in part by my failure to follow the instructions of my teacher or by any physical impairment of mine
- will communicate and engage with my teacher at all times as necessary
- agree to my responsibilities
- am responsible for my own personal property and the studio and teachers are not responsible for any items that go missing

Signature:_____

Print Name:_____

Date:_____