

Prāṇa yoga Enrollment Form

Phone: 0411296442

Email: info@pranayogastudio.com.au

Name: D.O.B:

Address:

Phone: Email:

Occupation:

Have you done Yoga before (Y/N): If Yes, then how long?

How did you find Prāṇa Yoga?

Medical / Physical Conditions: Please list any medical/physical conditions you have such as but not limited to Asthma, Hay Fever, High BP, Back ache, Neck ache, Diabetics, Thyroid problem, Depression, any recent operation or delivery or current Pregnancy.

What would you like to achieve by doing yoga?

Please Note:

- Please ensure that you participate with an empty stomach or 3 hours after meals.
- The classes are on a term basis. The term dates will be specified in the welcome email.

Acknowledgement: The participant acknowledges that they

- Participate in the activities at their own risk
- Voluntarily assume all inherent and obvious risks involved in the activities
- Waive their rights to sue (the provider) for any injury or loss arising from their participation in the activities
- Give permission to use any photos/videos during class for promotional purposes when required
- Have read and understood the risk warning, and this acknowledgement.

I (Name) _____ declare herewith that, information provided by me is true. I read above terms and conditions and follow all rules and regulation and any instructions provided in class. I am joining Yoga class voluntarily and shall be committed to practice regularly for maximum benefits of Yoga.

Your Signature: _____ Date: _____

All information provided in this form will be kept confidential.