

change.

YOGA + WELLNESS

Health Waiver Form

Name: _____ DOB: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Mobile: _____ Occupation: _____

Please Circle

Learn about special offers/discounts and upcoming events via email? Yes / No

Have you regularly practised yoga in the past? Yes / No

Important - Have you had, or do you have any of the following?

Male over 35/Female over 45 and not used to regular exercise Yes / No

Recent hospitalisation and/or surgery Yes / No

Any heart conditions, detail: _____ Yes / No

Are you pregnant? Yes / No

High blood pressure (>140/90) Yes / No

If you answered yes to any of the questions above, please check with your doctor before commencing this exercise program.

If you have checked & been cleared by your Dr, please provide your Drs details below:

Gout, Stroke, Diabetes, Epilepsy, Hernia, Glandular Fever, Rheumatic Fever Yes / No

Dizziness or Fainting Yes / No

Arthritis, Asthma, Cramps, Muscular pain Yes / No

Any pain/injuries to the neck, back, knees, ankles Yes / No

If you answered "yes" above please explain, and add any other conditions that would cause you to modify your exercise program (please specify):

Please circle where you found out about our studio (Friend, Instagram, Facebook, postcard, TV, Print, special event) or other:

I confirm and agree that the following terms, conditions and undertakings apply to the Change Yoga exercise and training classes to be provided to me by Change Yoga & Wellness.

I have been examined by a licensed medical practitioner ("Practitioner") within the past six months and have been found by the Practitioner able to perform all vigorous stretching and the Change Yoga & Wellness exercises, which I am to perform during my enrolment with Change Yoga & Wellness. I will faithfully follow all instructions given to me by Change Yoga & Wellness and its teachers as to when, where and how to perform the instructed exercises. I agree and acknowledge that participation in any Change Yoga & Wellness classes could constitute a risk of serious injury to me, including permanent paralysis or death. I voluntarily and knowingly recognise, accept and assume this risk and warrant that I am physically fit and able to perform the exercises provided. I acknowledge that neither Change Yoga & Wellness, its owners, teachers or employees shall be nor be deemed to be responsible or liable (whether in contract, or in tort or under any statute whatsoever), for any injury, illness or mishap I sustain arising from or out of, or in any way directly or indirectly connected with the Change Yoga & Wellness classes.

I understand and acknowledge that I am to receive instruction in Change Yoga & Wellness Classes and theory only. Change Yoga & Wellness, its owners, teachers, or employees are not liable for, nor expected to provide any advice, training or medical assistance other than in the form of the classes provided. I indemnify and will at all time hereafter well and sufficiently indemnify and keep fully indemnified Change Yoga & Wellness, its owners, teachers or employees from and against all actions, suits, causes of action, proceedings, claims, costs and expenses whatsoever which may be taken or made against Change Yoga & Wellness, its owners, teachers or employees or incurred or become payable by Change Yoga & Wellness, its owners, teachers or employees of in connection with or arising out of any such injury, illness or mishap to me.

The fees paid by me under this enrolment to Change Yoga & Wellness are non-refundable. Change Yoga & Wellness may in its sole discretion grant refunds to me without prejudicing any of its rights.

Signed: _____

Date: _____