

the yoga place

Registration Form & Disclaimer

Name: _____

Mobile Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Please list any medical conditions or injuries that we should know about:

Please tick this box if you would like to receive our quarterly newsletter with news of upcoming events and workshops:

Disclaimer

In checking the box below I am aware that my participation in services provided by The Yoga Place involves physical activity and therefore risks. I hereby assume responsibility for all risks associated with such participation and I release The Yoga Place and their directors, employees and contractors (staff) from all liability or responsibility for any personal injury sustained. I declare that I have disclosed any condition that may be relevant in my participation of physical activity and understand it is advisable to consult with a physician before undertaking any physical activity.

I agree with the above terms.

Signautre: _____ Date: _____