 **Form**

**Registration Form**

**Mr/Mrs/Ms/Miss/Dr (please circle)**

**First Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender M F (please circle) Age** \_\_\_\_\_\_\_ **(optional) Occupation (optional)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Suburb** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone (Mob)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact (optional)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship**\_\_\_\_\_\_\_\_\_\_\_\_

**Have you done yoga before? If so what style of yoga? How often? Years?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to be sent information via email: newsletter and future events Y/N**

**Do you consent to your photo being taken and published in social media? Y/N**

**Health and Fitness Evaluation**

**Your main goal for practicing yoga:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

Diabetes? **Yes/No**

Arthritis? **Yes/No**

Asthma? **Yes/No**

Blood pressure: **High/ Low/ Normal**

Repetitive Strain Injury (RSI)? **Yes/No**

Epilepsy? **Yes/No**

Are you, or do think that you are pregnant? **Yes/No**

If yes, then in what stage of your pregnancy are you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any surgery in the past 12 months? **Yes/No**

If yes, please specify?

Do you have any other known health conditions or injuries, past or present, which may cause you difficulty, pain or injury? **Yes/No**

If yes, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signs and symptoms**

Have you ever had or do you have any of the following:

Cramps **Yes/No** Neck pain/injury **Yes/No**

Back pain/ injury **Yes/No** Muscular pain **Yes/No**

Shoulder pain/ injury **Yes/No** Knee pain/injury **Yes/No**

Wrist pain/injury **Yes/No** Ankle pain/injury **Yes/No**

Other:

If yes to any of the above, please explain:

Is there anything else you need to tell us about your physical or mental conditions that may affect your performance or put you at risk?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INDEMNITY WAIVER**

I understand that the instructions given throughout the yoga classes are intended as guidance only, and that I do not need to perform any particular pose or movement I am not comfortable with. I understand that while all due care will be taken, Zenergy 4 Life’s yoga instructor, they cannot be responsible for my improper practice at any time. To ensure that no personal injury occurs, I agree to adjust my practice according to my limitations and the decision to perform any yoga postures remains mine. I declare that I will take full responsibility for myself during the classes.

Furthermore, I hereby agree that Zenergy 4 Life, nominated agent, yoga instructors shall not be liable, for any loss, damage or personal injury suffered by me, whether directly or indirectly arising out of any act or omission by Zenergy 4 Life’s yoga instructor, or its agent. I am aware of the possible health and safety risks associated with participating in physical exercise and consent to any reasonable exercise, which may from time to time be strenuous. I have made Zenergy 4 Life, its yoga instructors, or it’s agent aware of any relevant medical or health problems that I currently or likely to suffer from and have obtained a clearance from a registered medical practitioner to participate in physical exercise. I agree that I will not hold Zenergy 4 Life’s employees or owners liable for any injury, illness or loss (financial or otherwise) that may occur to me during or arising out of any yoga class.

Additionally, to participate in classes, I confirm that each time I enter the premises where Zenergy 4 Life instructors teach, I have:

1) not returned from overseas in the last 2 weeks, and

2) not had contact with a person confirmed or currently ill with covid19, and

3) no flu-like symptoms.

4) not had a COVID-19 test within the past 2 weeks

5) agreed to adhere to the COVID-19 guidelines at the studio and outdoor classes

I understand that my personal data is managed by Zenergy 4 Life in accordance with their Privacy Policy (found on their website) and agree to how they handle it.

I have read and fully understand the Client Terms of Sale (found on their website) that are a part of this waiver, and in signing this waiver also agree to be bound by the Client Terms of Sale in my use of Zenergy 4 Life’s services.

Nothing in this waiver will limit or exclude my right to claim for personal injury or death resulting from negligence, fraud or misrepresentation in a way that is not permitted by law but shall be limited or excluded to the maximum extent permitted under Australian law.

If any part of this waiver is deemed invalid by a court of competent jurisdiction, then the remainder of this waiver shall remain in full force and effect, and the unenforceable provisions severed from the waiver.

Do you understand this and agree to this? Yes/No

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read the information on this waiver provided to me by Zenergy 4 Life and state that the information I have provided on this form is true and correct. I understand that false declaration may lead to my exclusion from this and all Zenergy 4 Life classes at the discretion of my instructors and that I will not be entitled to a refund.

SIGNED ……………………………………… DATE ………………………..