***MURRUMBATEMAN YOGA STUDIO – 2022 Enrolment Form***

*This form is confidential. Any information provided will not be released unless you give written permission.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Pregnant? If so, please have a chat with Gillian about recommended prenatal yoga classes in Canberra.*

I currently have, or have had:

☐High or low blood pressure

☐Spinal condition

☐Muscle/joint/bone condition

☐Recent surgery/birth

☐Chronic illness/condition

☐Asthma/breathlessness

☐Heart condition

☐Epilepsy

If you have ticked one or more of the above conditions please provide further detail below:

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Is there anything else you think I should know about your health and physical fitness?

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Have you practiced yoga or attended yoga classes before? If so, please describe:

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What specific benefits are you hoping to gain from Murrumbateman Yoga classes?

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*MURRUMBATEMAN YOGA STUDIO
Acknowledgement Release & Assumption of Risk*

**Warning**

This is an important document, which affects your legal rights and obligations. Please read it carefully and do not sign it unless you understand it. If you have any questions please ask.

Participant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (if under 18 years, parent or guardian to also sign)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement of Risks, Injury and Obligations**

I acknowledge that the activities I am to undertake have potential dangers and by participating in them I am exposed to certain risks.

I acknowledge and understand that whilst participating in any such activities:

* I may be injured, physically, mentally, or may die.
* Any physical conditions I may have, of which I may or may not be aware, of which I may or may not have disclosed to Murrumbateman Yoga Studio or its staff, may be aggravated or worsened by my participation.
* My personal property may be lost or damaged.
* Other persons participating in such activities may cause me injury or may damage my property.
* I may cause injury to other persons or damage their property.
* The conditions in which activities are conducted may vary without warning.
* I may be injured or die or suffer damage to my property as a result of the negligence or breach of contract of the Murrumbateman Yoga Studio operator, its servants or agents.
* There may be no or inadequate facilities for treatment or transport of me if I am injured.

I assume the risk of, and the responsibility for any injury, illness death or property resulting from my participation in any activities.

**Release and Indemnity to the Murrumbateman Yoga Studio Operator**

In consideration of the acceptance of my payment (or guest status) for participating in any activity (and except to the extent that the Murrumbateman Yoga Studio may be precluded by statute) I agree to release and indemnify the Murrumbateman Yoga Studio operator and staff as follows:

* I participate in the activities at my sole risk and responsibility.
* I release, indemnify and hold harmless the Murrumbateman Yoga Studio operator, its servants and agents, from and against all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of arising out of any

injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way

whatsoever.

I also agree that in the event that I am injured or my property is lost or damaged, I will bring no claim, legal or otherwise, against the Murrumbateman Yoga Studio operator or its servants and agents, in respect of that injury, loss or damage. Before signing this document I have read and understand it and know how it affects my legal rights.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHERE PARTICIPANT IS UNDER 18 YEARS OF AGE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being a parent or legal guardian of the person named in this Acknowledgement and Release hereby acknowledge and agree:

* I have read the whole document and understand it.
* I consent to the person, named in this Acknowledgement and Release, participating in the activity and
* I am aware of the risks, dangers and obligations set out above in this acknowledgement and release.

In consideration of the person named in this Acknowledgement and Release being accepted to participate in any activity I agree to release and indemnify the Murrumbateman Yoga Studio operator, its servants and agents, in the same manner and to the same effect and extent as if I were the person first named in this Acknowledgement and Release and the person participating in any of the activities.

Signature of Parent / Guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_