



# Consent form for yoga / aerial yoga classes at BHAVA yoga studio

Name:    
name surname

telephone number:  date of birth:   
mobile

address:      
street no. postal code city

email:   
email

Have you ever practiced yoga?  no  yes

Do you have any health condition or any mobility issue?  no  yes:   
health condition / mobility issue

Do you associate yourself with any of the following?

<input type="checkbox"/> lower back pain	<input type="checkbox"/> upper back pain
<input type="checkbox"/> shoulder pain	<input type="checkbox"/> numbness in any body part
<input type="checkbox"/> other muscle pain	<input type="checkbox"/> neck pain or injuries
<input type="checkbox"/> knee pain	<input type="checkbox"/> knee past surgery
<input type="checkbox"/> allergies	<input type="checkbox"/> osteoporosis
<input type="checkbox"/> pregnancy	<input type="checkbox"/> recent childbirth

I, ....., would like to join yoga classes offered by BHAVA yoga studio. I fully understand that yoga and aerial yoga is a physical activity that may or may not cause physical injury.

I agree to declare any health problem / condition before enrolling in the program.

In the event that poses may be uncomfortable, or I feel strained or tired, I understand that it is better to come out of the pose and rest, and I recognize that everyone has their own physical limitations.

I agree that any injuries that may occur in the studio area will be my responsibility. Therefore, I absolve BHAVA and the instructor/s of any responsibility.

I have read and fully agree to all the above terms.

I certify that I fully understand and will abide by this consent form.

Signature    
signature date