



Yoga Consultation Form

Full Name:		Date of Birth:	
Contact Telephone Number:		Emergency contact name:	
Email address:		Emergency contact number:	
Prior yoga experience: <i>(please give details)</i>			

The physical activity involved in yoga practice should present no problems to most people enjoying normal, good, general health. If you have any medical conditions or disabilities which may affect your participation, it is your responsibility to ensure that you seek appropriate medical advice beforehand.

Any medical information that you are prepared to disclose will be held confidentially. Please ensure you inform your class teacher of any changes to your health or medical conditions.

Details of any medical conditions/ medical diagnosis or injuries/ emergency medication:

Whilst every care is taken to ensure that my safety is maintained during yoga practice, I understand that I am responsible for my own practice and am participating at my own risk. I understand that Christina Hughes cannot take responsibility for any risk, injury or damage incurred during yoga practice. I acknowledge that any suggestions from the yoga teacher are neither diagnostic or prescriptive. I agree to notify the yoga teacher of any ongoing medical changes.

I have read and understand the above information and I accept that I am participating in yoga practice on this basis.

Signed _____

Print Name _____

Date _____

Yoga Disclaimer Form

I, _____ hereby agree to the following:

1. I am participating in the yoga classes offered by Christina Hughes, during which I will receive information and instruction about yoga, physical exercise and health. I recognise that the yoga class may require physical exertion, which at times may be strenuous and may cause physical injury and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult a physician/ GP prior to and regarding my participation in the yoga classes, one-to-one sessions or workshops offered by Christina Hughes. To the best of my knowledge, I suffer from no medical or physical condition, or disability that will, or may increase the normal risks associated with exercise.
3. I agree to inform Christina Hughes of any new injury, medical condition or illness before participation, any pain or discomfort during yoga practice, or any part of the yoga practice which I feel would be unsafe or uncomfortable for me.
4. If I am pregnant, I understand that I participate fully at my own risk and that of my unborn child/ children.
5. In consideration of being permitted to participate in the yoga classes, one-to-one sessions or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the programmes offered by Christina Hughes. I knowingly waive any claim I may have against Christina Hughes for any injury or damages that I may sustain as a result of participating in these programmes.
6. I understand that from time to time during yoga classes, the yoga teacher may physically adjust students' form and posture. If I do not want such physical adjustments, I will so inform the teacher at each class I attend. I also acknowledge that if I do wish to receive such adjustments, it is my responsibility to inform the teacher when an adjustment has gone as far as I desire at that time.
7. I hereby take full and sole responsibility for any liability of loss or damage to personal property associated with yoga classes or any other events.
8. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Christina Hughes for any injury or death caused by their negligence or other acts.

I have carefully read the above release and waiver or liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above under my own free will.

COVID-19 When attending classes, I agree to adhere to the current national social distancing guidance and will make every effort to protect both myself and other participants from unnecessary risk. **(Please tick box)**

In accordance with GDPR, any contact numbers or email addresses will be held for the purpose of sharing information with an individual about yoga classes and yoga events run by Echo Yoga. Data will not be shared with any other third parties.

Please tick if you are happy for your contact number and email to be held.

Signed _____

Print Name _____

Date _____

