



Yoga Teacher: Alison Drake
Student Information and Disclaimer form for Adults

Full name: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact number: \_\_\_\_\_
Emergency contact relationship: \_\_\_\_\_

Any medical conditions or pregnancy you would like me to be aware of that may impact your yoga practise: (e.g heart issues, arthritis, allergies (including food), low/high blood pressure, asthma, glaucoma, low blood sugar, anxiety, depression etc.)

No [ ] Yes [ ] If yes, please provide details, including details of any medications taken

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

Do you currently experience any pain/numbness in the following areas: please circle those that apply

feet/ankles knees hips neck shoulders elbows wrists lower back upper back other

None [ ] Yes [ ] Please provide more details if any areas circled

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

Previous yoga experience: (please circle as appropriate)

None [ ] Yes [ ] If yes, please provide more details

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

I give my permission for photographs of me to be taken and placed on social media, promotional material and websites related to OmSkool Yoga/ Yoga classes with Alison Drake (please circle as appropriate): No Yes

Please read carefully and sign below: Agreement of Release and Waiver of Liability

I \_\_\_\_\_ (full name) understand that yoga classes involve physical movements of the body. I understand that it is my responsibility to decide whether or not to practise yoga. I am aware that it is advisable to consult a physician prior to any kind of physical activity. I hereby declare that to the best of my knowledge, I am physically able and fit to partake in yoga classes under the instruction of Alison Drake. I will notify Alison Drake immediately if any pain or discomfort is felt before, during or after one of the yoga classes I attend under her instruction. I understand that during a yoga class I may be adjusted in a posture by Alison Drake. I acknowledge that it is my responsibility to be aware of my own physical limitations and I will come out of a posture immediately if I feel unwell or if I feel any pain and I will inform Alison Drake. I understand that any physical activity, including yoga classes, can result in physical injuries, disabling injuries, accidents or death. I accept that neither Alison Drake nor the hosting facilities are liable for any physical or disabling injuries, accidents or death caused as a result of me partaking in these yoga classes. I understand that all payments are non-refundable. I understand that yoga is not a substitute for medical attention or treatment. I, my heirs or legal representative hereby forever release and waive any claims now or hereafter against Alison Drake. I have read, accept and agree to all the terms and conditions outlined in this agreement and this form. Cancellation policy: I understand that by cancelling a class giving less than 24 hours notice will result in a fee of \$250 incurred (per class cancelled, not per student in the class).

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print name: \_\_\_\_\_

