



*theatre arts*

## Yoga and wellness

### Section 1: Your details

Give your details here.

Name	
DOB	
Address	
Postcode	
Mobile number	

### Section 2: Emergency contact details

Give an emergency contact's details here.

Emergency contact	name	
	mobile	

### Section 3: Further details

Email	
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### Section 4: Declaration

Please read the following. You must agree to these terms and conditions to participate in any class.

I assume full responsibility for any injury or damages that may occur through participation.

I will make the instructor aware of any injuries or physical limitations prior to class.

If I have any medical conditions or am pregnant, then I confirm my doctor has approved my taking part.

I understand that Yoga is a physical activity and the risk of injury is always present and cannot be eliminated.

If I experience any pain or discomfort, I will listen to my body, discontinue the activity and ask for support from the instructor.

I also certify that I alone am responsible and participating at my own risk.

I hereby agree to release or waive any claims that I now or may have hereafter against JP Yoga and Wellness owners and instructors.

Signed	
Date	