



Informed Consent Agreement

FULL NAME	
MOBILE NUMBER	
EMAIL	
DATE OF BIRTH	

Have you done yoga before? YES NO
Are you pregnant? YES NO
Any mental/physical disability or any health conditions that we should be aware of? YES NO

If yes, please elaborate:

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Do you suffer from any of the following :

- | | | |
|---|--|-------------------------------------|
| <input type="radio"/> Lower Back Pain | <input type="radio"/> Upper Back Pain | <input type="radio"/> Shoulder Pain |
| <input type="radio"/> Numbness anywhere | <input type="radio"/> Neck Injury/Pain | <input type="radio"/> Seizures |
| <input type="radio"/> Allergies | <input type="radio"/> Surgeries | <input type="radio"/> Knee problems |

I, _____ would like to participate in a yoga class being offered by Shala at the Beach. I fully understand that yoga is a physical activity that may or may not cause physical injury.

I agree to declare any health issue, conditions I may have before signing up for the program and I affirm that I have sought advice from a physician's for any illness or injury that may be effected by the practice of yoga.

In the event that poses might be uncomfortable, any suggested modification can be discussed with me directly in a respectful manner. If there's any strain or fatigue, I can come out of the pose to rest and understand that each and every one has its own physical limitations.

I fully recognize that any injuries sustained from all the physical activities will be my responsibility. I therefore release Shala at the Beach and it's teachers of any liabilities.

I have read and fully understand the terms of the agreement/waiver and accept all of it.

Please add me to Shala at the Beach whatsapp group YES NO

Please email me monthly about the latest news & events YES NO

FULL NAME	DATE	SIGNATURE

Yoga Teacher: _____

Signature: _____

