

' T O W A R D S T H E W I T H I N '

S T U D E N T I N F O R M A T I O N F O R M

YOGA INSTRUCTOR: Malgorzata Szczepanska aka GOSIA ISKRA

STUDENT PERSONAL DATA:

Name: _____

DOB: _____

STUDENT EMERGENCY CONTACT:

Name: _____

Phone Number: _____

Relationship: _____

YOUR CURRENT YOGA EXPERIENCE AND REASON FOR BEGINNING THIS OR ANY OTHER YOGA PRACTICE:

PLEASE LIST BELOW ANY KNOWN MEDICAL CONDITIONS OR PHYSICAL LIMITATIONS INCLUDING INJURIES OR SURGERIES SUSTAINED WITHIN THE PAST TWO YEARS:

WOULD YOU LIKE TO RECEIVE INFORMATION ABOUT CLASSES AND WORKSHOPS? YES/ NO

WOULD YOU LIKE TO BE INFORMED ABOUT ANY CHANGES IN CLASS SCHEDULE? YES/ NO

(Choose appropriate media.)

Phone Number: _____

E-mail: _____

FB: _____

All information disclosed herein is solely for the use of YOGA INSTRUCTOR: GOSIA ISKRA/ SZCZEPANSKA in better assessing and safely guiding your in studio/ private yoga practice. The information will be retained confidentially and will be used only for providing professional yoga instruction to the above student/practitioner.

L O K A H S A M A S T A H S U K H I N O B H A V A N T U

M A Y A L L B E I N G S B E H A P P Y

' T O W A R D S T H E W I T H I N '

Y O G A W A I V E R F O R M

YOGA INSTRUCTOR: Malgorzata Szczepanska aka GOSIA ISKRA

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely 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 will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against yoga instructor Malgorzata Szczepanska aka GOSIA ISKRA.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognise that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the UK.

Signature: _____

Date: _____

L O K A H S A M A S T A H S U K H I N O B H A V A N T U

M A Y A L L B E I N G S B E H A P P Y