



Personal Details:

Name: _____ **DOB:** _____

Address: _____

Home Phone: _____ **Mobile:** _____

Email address: _____

Would you like to receive our email newsletters about our yoga studio and upcoming retreats? This is a great way to find out about our specials, timetable changes, events and promotions. Please circle: **YES** or **NO**

How did you find out about Amber Tree Yoga?

Emergency Contact Name: _____ **Phone number:** _____

Health History:

Do you have from any of the following? (Please circle relevant answer and give more information in the space provided) Illnesses/Diseases, Allergies, Injuries, heart condition, high blood pressure, low blood pressure, sciatica, blood disorder, diabetes, Other?

What benefits do you hope to gain from yoga/meditation?

I hereby certify that the above information is true and complete. I acknowledge that I am responsible for my health and safety while at Amber Tree Yoga studio and under the instruction of qualified teachers. I will take responsibility for not exceeding my limits and will report any injury or discomfort to the teachers. I agree to relay any information given to me from my health professionals relating to my health and fitness, and provide Amber Tree Yoga with medical clearance where needed or requested. I hereby waive any claim that I might have in relation to any injury resulting from my participation in Amber Tree Yoga classes regardless of the cause. I have carefully read the above waiver, understand it's content and agree to comply.

Date: _____ **Signature:** _____