

First Name	_____	Last Name	_____
Address	_____		
	_____		Postcode
	_____		_____
Home Phone	_____	Work Phone	_____
Fax Number	_____	Mobile Number	_____
E-mail Address	_____		
Birthday	_____		

In consideration of and as an inducement to you enrolling me as a student of quickfityoga

I represent and agree as follows:

1. I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to perform all Yoga exercises which I am to learn and perform during my enrolment with you.
2. I will faithfully follow all instructions given me by you and your instructors as to when, where and how to perform and not to perform Yoga exercises, it being understood that any deviation by me from such instructions shall be at my own risk.
3. I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
4. I understand and acknowledge that I am to receive instruction in Yoga theory and exercises only and I will not hold you, your partners, instructors, or employees to any higher standard of care than that applicable to a school of Yoga theory and exercises.
5. The tuition paid herewith and such registration fees paid hereafter are non-refundable; such refund, if any, as are made will be entirely within the discretion of quickfityoga.

Signed _____ Date _____

Have you done yoga before? Yes No

If yes, what kind? _____

How fit do you consider yourself to be now?
circle 1-5 5=very fit 1 2 3 4 5

What is your main reason for coming? Tick

- To supplement my training/exercise
- To begin exercising
- To tone my body
- Get strong and flexible
- To increase my concentration / focus
- To lose weight
- To increase my lung capacity
- To increase joint mobility
- To have time for myself
- Other

What conditions would it better that we are made aware of? (medical or physical, sore neck or lower spine, reconstructed knee...)

How did you hear about us? _____

What medication, if any, are you taking?

Are you a smoker? Yes No