

Name:	Date of Birth:
Address:	Postcode:
Email:	Phone:
How did you hear about us:	
Emergency Contact:	

Please tick any medical conditions that may have affected you:

<input type="checkbox"/> Recent Surgery	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Low Blood Pressure
<input type="checkbox"/> Arthritis M.E.	<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Chronic Headaches
<input type="checkbox"/> Slipped Disc or Spine	<input type="checkbox"/> Asthma or Lung Problems	<input type="checkbox"/> Cardiovascular Problems
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy, Seizures or Convulsions	<input type="checkbox"/> Cancer
<input type="checkbox"/> Ear Problems	<input type="checkbox"/> Problems with Balance	<input type="checkbox"/> Recent Childbirth
<input type="checkbox"/> Sleep Disturbances	<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety

Please give details of any of the above, which you have circled, or any other health issues or medications, which you feel may have some bearing on your yoga or pilates practice, or use of the infrared sauna.

Important things to consider before signing below:

- I understand that the instruction offered by Soul Haven; Yoga + Pilates is limited to that of instruction in basic yoga and fitness training, and that it's my own responsibility to practice within my personal limits.
- I am not aware of any medical condition that would affect my ability to participate in the activities and programs offered by Soul Haven; Yoga + Pilates, including use of the infrared sauna. If I have any concerns about my medical condition, I will consult with my physician before participating in any of these activities and programs.
- I confirm that the answers I have provided are true and correct, and that Soul Haven; Yoga + Pilates have relied on these answers to allow my participation in their classes and other offerings. I also understand that should anything change regarding my medical history, it is my responsibility to update them of these changes.
- I acknowledge that there are risks associated with participation in the classes and offerings from Soul Haven; Yoga + Pilates. I have informed myself and understand the risks associated with my participation in these activities and programs and (where applicable) my use of the facilities, including the risk of personal injury, and I freely accept these risks.
- I understand that I am free to withdraw from or reduce my participation in the activities and programs offered or sponsored by Soul Haven; Yoga + Pilates at any time.

Please carefully read and consider the following release and waiver:

In consideration of the acceptance of my registration for the activities and programs offered or sponsored by Soul Haven; Yoga + Pilates, I hereby for myself, my heirs, executors, administrators, or any others who may claim on my behalf, promise not to sue, and hereby waive, release and discharge Soul Haven; Yoga + Pilates and anyone acting for or on its behalf, from any and all claims of liability for personal injury, illness, loss of life or property damage of any kind or nature, arising out of or sustained in the course of my participation in the activities and programs offered or sponsored by Soul Haven; Yoga + Pilates or attending yoga related events both on and off of the Soul Haven; Yoga + Pilates premises. This Release and Waiver applies to all claims, foreseen or unforeseen, including negligence and breach of statutory or other duty of care (including that owed under The Occupier's insurance arrangements). I agree that Soul Haven; Yoga + Pilates is not responsible in the event of loss, damage, unauthorized use, theft, or injury resulting from and to any personal property that I bring onto the premises. I agree that this agreement, and release and waiver is intended to be as broad and inclusive as permitted by law. Any provision found to be invalid or unenforceable by a court shall not affect the validity or enforceability of any other provision. I have read this document carefully and acknowledge that I have complete knowledge and understanding of its contents. I recognize that by signing this document I am waiving certain legal rights, including the right to sue. I am signing this document voluntarily.

Your Signature:	Date:
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