

LAVA YOGA

OFFICE USE ONLY: ENTERED BY: _____

CLASS: _____

AM
 PM

NUMBER: _____

PAID: Cash: Eftpos: Online:

BONDI JUNCTION & MAROUBRA

PLEASE PRESENT ID **NEW STUDENT FORM** PLEASE PRINT IN CAPITALS

NAME (FIRST AND LAST) _____

EMAIL (PLEASE USE BLOCK CAPITALS) _____

WORK/HOME PHONE _____

MOBILE _____

BIRTHDAY (DAY/MONTH/YEAR) _____

STREET ADDRESS _____

SUBURB _____

POSTCODE _____

How did you learn about LAVA YOGA? _____ Full name of referer: _____

What are your main reasons for coming? (Tick as many as apply to you):

- | | | |
|---|--|--|
| <input type="checkbox"/> To supplement my training exercise | <input type="checkbox"/> to build strength and flexibility | <input type="checkbox"/> to increase joint mobility |
| <input type="checkbox"/> to tone my body | <input type="checkbox"/> to increase concentration and focus | <input type="checkbox"/> to have some time for myself |
| <input type="checkbox"/> to lose weight | <input type="checkbox"/> to increase lung capacity | <input type="checkbox"/> to overcome the effects of injuries |
| <input type="checkbox"/> other: _____ | | |

EMERGENCY CONTACT: _____ RELATIONSHIP: _____ PHONE: _____

MEDICAL CONDITION(S): Please advise the studio and/or your instructor if you are pregnant*, Have high blood pressure, recent illness(es), surgery, pre-existing medical conditions or are taking any medications (*Not recommended during the first trimester of pregnancy)

I confirm to agree to the following terms and conditions undertakings apply to the yoga exercise and training (Yoga exercises to be provided by Lava Yoga Bondi and Maroubra)

- I have been examined by a licensed medical ("practitioner") within the past six months and have been found by such practitioner able to perform all vigorous stretching and the yoga exercises which i am to perform during my enrolment with Lava Yoga.
- I will faithfully follow all instructions given to me by the college and it's teachers as to when, where and how to perform and not perform the yoga exercises.
- I agree and acknowledge that participation in any yoga exercises could constitute a risk of serious injury to myself, including permanent paralysis or death. I voluntarily and knowingly recognise, accept and assume this risk and warrant that i am physically fit and able to perform the yoga exercises without risking serious injury, including permanent paralysis and death, I acknowledge that neither the college, it's owners, teachers or employees of the college shall not be deemed to be responsible or liable (whether in contrast or in tort or under any statute whatsoever). For any injury, illness or other mishap I sustain arising from or out of, or any way indirectly connected with the yoga exercises.
- I understand and acknowledge that i am to receive instruction in yoga exercises in theory only, Lava Yoga, it's owners, teachers or employees of Lava Yoga are not liable for, nor expected to provide any advice, training or medical assistance other than that in the form of the yoga exercise.
- I Indemnify and will at all times hereafter well and sufficiently indemnify and keep full indemnities Lava Yoga, it's owners, teachers or employees of Lava Yoga from and against all actions, suits, causes of actions, proceedings, claims, costs and expenses whatsoever which may be taken or made against Lava Yoga, it's owners, teachers or employees of Lava Yoga in connection with or arising out of any such injury, illness or mishap to me.
- The tuition paid by me under this enrolment to Lava Yoga is non-refundable. Pure Bikram Yoga may in it's sole discretion grant refunds to me without prejudicing any of it's rights.

SIGNED _____

DATE _____

If under 18, consent of parent or guardian (signature): _____

NAME _____