



Student Indemnity Form

Students Details

Name: _____

Address: _____

Phone:(H)_____ (M)_____

Email: _____

DOB: _____

Emergency Contact:

Name: _____ Relationship _____ Phone _____

How did you find out about the class? _____

How much yoga have you done before? _____

What are your reasons for starting yoga? _____

Do you have any of the following?

High blood pressure? Yes No If yes, are you on any medication? Yes No

Whiplash injury? Yes No If yes please specify. _____

Spinal disc injury? Yes No If yes please specify. _____

Recent Surgery? Yes No If yes please specify. _____

Please mention below, any other health issue or injury that we may need to be aware of:

Please read the following carefully and sign below:

I understand that the instructions given throughout the classes are intended as guidance only. I understand that while all due care will be taken by the instructor, they cannot be responsible for my improper practice at any time. To ensure that no personal injury occurs, I agree to adjust my practice according to my limitations and the decision to perform any yoga postures remains mine. I declare that I will take full responsibility for myself during the classes. I will notify my instructor before each class begins of any recent injury, illness, surgery or pregnancy.

Once your course is confirmed, there are no refunds under any circumstances. Credits for classes in future courses will only be issued in extreme circumstances. Where participants are unable to attend the remainder of the course due to sickness, illness, or injury, or other unforeseen circumstances, credit for the remaining classes will be provided for classes in the next course from the date of a letter to Keenonyoga, detailing your condition, the amount of classes remaining and the amount to credit. Classes for courses must be completed within the scheduled course. You may transfer your place to another person upon notification to Keenonyoga.

Signed: _____

Date: _____