



**YOGA CLASS WAIVER FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**EMERGENCY CONTACT AND TELEPHONE NUMBER:**

\_\_\_\_\_

Have you practiced yoga before ? YES / NO

If YES, for how long ? \_\_\_\_\_

Which style of yoga ? \_\_\_\_\_

**What are your reasons for practicing yoga ?**

- Stress reduction       Weight management
- Mental clarity           Flexibility
- Spiritual growth        Strength
- Overall wellbeing       Managing a particular illness
- Confidence Specify: \_\_\_\_\_
- Other reasons Specify: \_\_\_\_\_

Continued overleaf

*Yvonne de Kock*

Stodels Lifestyle Centre, Racecourse Road, Milnerton

**021 552 5775 or 082 758 8708**



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