



**Mahashakti Yoga – Student Registration /contact details update
PRIVATE & CONFIDENTIAL**

Name:

| | |
|-----------------|----------------|
| Address: | Tel: |
| | Mobile: |
| | e-mail: |

| | |
|---|--------------------------|
| We will send you e-mail updates from time to time about class and events. If you DON'T wish to receive these updates then please tick the box. | <input type="checkbox"/> |
|---|--------------------------|

Do you have any of the following physical conditions? (tick) please give details in the space underneath.

| | | | |
|------------------------------|----------------------------|------------------------------------|--------------------------------------|
| Diabetes Glaucoma | Asthma or Allergies | Any Heart Condition | High or Low Blood Pressure |
| Back or Neck problems | Sciatica | Pregnant/Planning pregnancy | Other (please indicate below) |

Declaration & liability waiver
Participation in yoga class includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body—stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience. I understand that in yoga class I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my body's limitations and I will rest before continuing yoga practice. I confirm that I am physically fit to participate in yoga classes and if appropriate a doctor has verified my physical condition for participation in this type of class. I agree to inform the teacher if I have any injuries or aches or pains or if I am pregnant. If I am pregnant or become pregnant or am post-natal, I confirm that I am participating in yoga classes with my doctor or midwife's full approval.

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|

If you complete this form, the information will be stored and used in accordance with the data protection act 1998. Your personally identifiable information will only be seen/used by Mahashakti Yoga teachers and locum teachers for professional purposes. We do not share our data and your information will not be disclosed to anybody else.