



HARVEST YOGA  
*Balance and Harmony*

Postal Address PO Box 37 Flemington Vic 3031  
Studio Address Upstairs behind Christ Church 76 McCracken Street Kensington Vic 3031  
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## Registration Form

All information confidential.

First Name	Last Name	
Telephone	Mobile	Email
Address		Post Code
Date of Birth	Intended Class	
Details of any yoga classes you have attended		

Where did you hear about Harvest Yoga?

Please indicate if you have any of the following conditions

- |  |                                       |                                     |   |   |
|--|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Back pain    | <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Headaches    | <input type="checkbox"/> Asthma     | <input type="checkbox"/> Knee problems    | <input type="checkbox"/> Anxiety            |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Depression | <input type="checkbox"/> Other injuries   |   |

Please provide further details including medications. Is there anything else that is not included on this list that we should know about?

Please provide details of any physical movements or illnesses that cause you difficulty or pain

Please provide any further details or comments which may help Harvest Yoga structure classes to your needs

### AGREEMENT

I acknowledge that Harvest Yoga will provide classes requiring both physical and mental exertion on my behalf. I will at all times act within my own level of comfort, taking particular care of any injury or complaint that I carry when participating. I acknowledge that yoga is a physical and dynamic practice that requires both mental and physical focus in order to avoid potential injury, and that injury and soreness are a real and material risk in every class. I will always keep Harvest Yoga informed of my comfort levels and will immediately cease any activity if I become uncomfortable with my condition. I acknowledge that Harvest Yoga is providing guidance based on the experience and education of its teachers, and in no way do they claim to be medical practitioners. It is my responsibility to decide whether or not to follow the advice and guidance given by Harvest Yoga, and in no way do I hold Harvest Yoga responsible for any injury or soreness acquired while undertaking the yoga activities. I hereby commit that the information that I have provided is accurate and fully reveals the nature of my state of health as of the date of this document. In addition I undertake to continuously inform Harvest Yoga of any changes to my health status whilst attending the yoga classes.

I agree to the statements above.

Signed

Date