Name:

Contact phone:

Email:

Emergency contact (name and phone number):

Do you have any conditions, health problems or previous injuries or are you on medication? If so, please state. All information is strictly confidential.

Consult your doctor if you have any medical condition to confirm the practice is appropriate for you. The teacher will make reasonable efforts to provide practices which are suitable to each student, so you must inform the teacher of all illnesses or weaknesses of whatever nature which might make the practices injurious or strenuous for you. All practices are undertaken by the student voluntarily and in the event of accident or injury no claim will lie against the teacher or the owner of the premises or the organiser of the classes.

Signature:

Date:

*The contact information on this form may be used to contact you with information about yoga/tai chi/pilates classes and related classes/workshops from Maitri Studio and Claire Ferry Yoga.*

*If you do not wish to receive these please tick here:*

*We will not sell or pass on this information to any third party.*