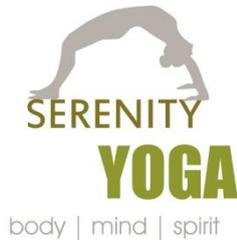


# THE SERENITY YOGA CENTRE



## PROFESSIONAL DISCLOSURE FORM

CLIENT NAME:.....

ADDRESS:.....

e-mail:.....

PHONE NO:.....

Please let us know how you heard about us:.....

Serenity Yoga is independently owned, managed and operated. We are delighted to be enrolling you as a new student. All of our teachers have completed thorough and professional training in their field.

The following information will help you get the most out of your classes and clarify our role as Teachers and Owners of the Studio. Please read and sign below.

All exercise programs involve a risk of injury. By choosing to participate in any yoga classes, the following guidelines will help you reduce your risk of injury:-

Do you or have you ever, suffered from (please tick):

- |  |                          |
|--|--------------------------|
| <b>Epilepsy</b>                        | <input type="checkbox"/> |
| <b>Asthma</b>                          | <input type="checkbox"/> |
| <b>High/Low Blood Pressure</b>         | <input type="checkbox"/> |
| <b>Problems with your bones/joints</b> | <input type="checkbox"/> |
| <b>Back Problems</b>                   | <input type="checkbox"/> |
| <b>Tumours</b>                         | <input type="checkbox"/> |
| <b>Dizziness/fainting</b>              | <input type="checkbox"/> |
| <b>Heart/Lung Problems</b>             | <input type="checkbox"/> |
| <b>Detached Retina/Glaucoma</b>        | <input type="checkbox"/> |
| <b>Kidneys</b>                         | <input type="checkbox"/> |
| <b>Titinus</b>                         | <input type="checkbox"/> |
| <b>Narcolepsy</b>                      | <input type="checkbox"/> |

If yes to any of the above please give details.

Have you had any major operations? YES/NO

If so please give details.

**CONTINUED OVERLEAF**

Any other medical conditions not listed above? YES/NO  
Please give details.

Are you on any Medication? YES/NO  
If so please give details

Please supply EMERGENCY CONTACT NUMBER and NAME.  
Relationship to that person?

I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga program.

I am voluntarily participating in a yoga programme without the approval of my physician and do hereby assume all responsibility for my participation at The Yoga Centre Dorking.

It is also my responsibility to make my teacher aware of any medical conditions.

Listen to and follow all instructions carefully

Breathe smoothly and continuously as you move and stretch

Do not hold your breath or strain to attain any position.

Work gently, respecting your body's abilities and limits.

Do not perform postures or movements that are painful.

Ask if you are unsure how to perform a certain movement

Pregnant women should consult their doctor or midwife

Awareness is fundamental to your practice. As a student you are asked to monitor each activity offered and determine whether it is appropriate to participate.

We take your health and safety very seriously, so please read and fill in this form before you start your yoga practice or any other activity here at the Centre.

**I have read, understood and agree to the content of this Professional Disclosure Form and Release. I also declare that I am fit to be able to undertake Instruction for my chosen course. Please Tick Course.**

<b>YOGA</b>	<b>MEDITATION</b>	<b>ZUMBA</b>	<b>TAI CHI</b>	<b>HOT YOGA</b>
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..... (name in capital letters please)

Signed ..... Date .....

**Dorking Yoga Centre**  
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