

Durban Yoga Shala: Registration Form

Full Name:

Address:

E-Mail Address:

Telephone Number:

Age:

Date of Birth:

Occupation:

Sports:

Previous Yoga Experience:

Medical Conditions/Injuries:

.....

Next of kin contact details : Name..... Number:

I agree to take full responsibility for not exceeding my limits in the practice of yoga and for any injury or discomfort I might experience.

I hereby agree to indemnify the Durban Yoga Shala and its affiliated owner and yoga instructors from and against all claims and damages arising from any illness, injury or damage to my person or property which may occur as a result of my yoga practice or the use of the equipment in the studio or any injury that may be sustained on the property

Signed:

Date: