

Illawarra Yoga, Fitness and Psychology Studio Liability Release Form

1. This is a legal document, an agreement between Illawarra Yoga, Fitness and Psychology and the person whose name, address, and details appear on the attached Student Health Information form. I acknowledge that as a condition of participating in this activity, I do so at my own risk. By signing this form, I understand that all information I have provided is correct and honest.
2. I agree that I will notify the teacher of any injuries, ongoing medical conditions or relevant health concerns, recent surgery, or medication EVERY time I attend class. This includes, but is not limited to, back, knee, shoulder, or neck pain, pregnancy, high blood pressure, heart disease, or epilepsy.
3. I acknowledge that while all care is taken, Illawarra Yoga and Psychology is in no way responsible for the safekeeping of my personal belongings while I attend class.
4. I understand that classes may be physically strenuous, and I voluntarily participate in them with full knowledge that there is a risk of personal injury. I understand that it is my personal responsibility to work within the limitations of my own body and to rest as much as I need to.
5. I agree that neither I, my heirs, assigns, nor legal representatives will sue or make any other claims of any kind whatsoever against Illawarra Yoga and Psychology or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.
6. I recognize there may be no or inadequate treatment or transport of me if I am injured. I hereby authorize the staff or contractors of Illawarra Yoga and Psychology to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or participant's family. I certify to Illawarra Yoga and Psychology that I have no physical conditions or mental impairments that would be affected by participation in Illawarra Yoga and Psychology activities.
7. Illawarra Yoga and Psychology will not be liable for participants who disobey safety instructions given, and for clients who exercise without receiving clearance from their doctor.
8. I must not be under the influence of illegal drugs or alcohol.
9. I must supply my own towel and water in a non-leaking water bottle.
10. Only financial Illawarra Yoga and Psychology members are permitted to be at the sessions at any time unless a free pass has been provided by the head teacher; proof of this offer must be in writing.
11. Illawarra Yoga and Psychology participants must obey and follow the teacher's instructions. Illawarra Yoga and Psychology participants must use the equipment as instructed by the teacher and must conform to the general training etiquette of sharing session equipment with other Illawarra Yoga and Psychology participants.
12. In the event you leave personal items in possession of an Illawarra Yoga and Psychology teacher or within the studio during a session, Illawarra Yoga and Psychology does not accept responsibility for any lost or stolen property.
13. For all pre-booked Class Sessions and Personal Session appointments, students will be charged for the session if they fail to cancel 24 hours before the scheduled time.
14. If a student cannot continue to use a pre-purchased membership, they have the choice to: Transfer the remainder of their package to another person who is a

non-Illawarra Yoga and Psychology member or transfer the remainder package amount toward a personal session package.

15. Illawarra Yoga and Psychology may have photos or video footage that are taken during the course of a session. If you do not wish your or your child's photo to be used in media material on the Illawarra Yoga and Psychology website and social media, please specify by circling this paragraph.

I certify that I am 18 years of age or older and have read this liability release document and fully understand it, or as a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person directly or indirectly associated with the conduct of the activity on the terms referred to above. I have read and understood the Studio Etiquette above and agree to abide by these conditions and other conditions as directed by Illawarra Yoga and Psychology.

Participant Name: _____

Participant Signature: _____

Date: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Child/Minor's Names: _____

Guardians Signature: _____

Student Health Information for Yoga and Fitness

Participant/StudentDetails

Full Name	
DOB	
Address	
Phone	
Email	
Pronouns	

Emergency Contact/ Next Of Kin

Name	
Relationship to you	
Phone Number	
Address	
Email	

The following personal health information is important for your Yoga Teacher to be aware of, in order to help ensure your safety during yoga postures and classes.

Do you have any current injuries?

- Yes / No**

If yes, please specify the injury and its management plan:

2. Do you have any ongoing medical conditions or relevant health concerns?

- Yes / No

If yes, please specify:

3. Have you had any recent surgeries?

- Yes / No

If yes, please specify:

4. Are you currently taking any medication?

- Yes / No

If yes, please specify:

5. Do you have any of the following conditions? (Please check all that apply)

- Back pain
- Knee pain
- Shoulder pain
- Neck pain
- High blood pressure
- Heart disease
- Epilepsy
- Pregnancy
- Other

Please specify the type and intensity of the pain/ any relevant details:

6. Do you have any allergies?

- Yes / No

If yes, please specify:

7. Have you been advised by a healthcare professional to avoid any specific activities?
- Yes / No

If yes, please specify:

8. Have you ever previously been injured during a yoga class?

- Yes / No

If yes, please specify:

8. Is there any other information you think we should know to ensure your safety and well-being during classes?

- _____
- _____
- _____

Acknowledgment and Consent

By signing below, I confirm that the above information is accurate and complete to the best of my knowledge. I understand that it is my responsibility to update Illawarra Yoga and Psychology if there are any changes to my health status. I acknowledge that I have consulted with a healthcare professional regarding any concerns I have about participating in yoga classes.

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

On the following page are some optional questions regarding your mental health. They are optional but may help the yoga teacher tailor classes to best support you and your mental health needs.

Optional Mental Health Questions

Current Symptoms Checklist: (check once for any symptoms present, twice for major symptoms)

- Depressed mood
- Crying spells
- Unable to enjoy activities
- Sleep issues
- Fatigue
- Loss of interest/motivation
- Concentration difficulties
- Forgetfulness
- Change in appetite/diet
- Excessive guilt/shame
- Rumination on the past
- Racing Thoughts
- Impulsivity
- Increased risky behaviour
- Alcohol use
- Gambolling
- Gaming/TV/social media overuse
- Other addictions
- Excessive energy/ hyperactivity
- Increased Irritability
- Worry/Anxiety
- Anger
- Anxiety/Panic Attacks
- Avoidance/Procrastination
- Dissociation
- Hearing voices
- Paranoia/suspiciousness
- Intrusive thoughts of harming self
- Intrusive thoughts of harming others
- Other distressing intrusive thoughts
- Compulsion to engage in rituals or checking

Outline any issues with sleep: _____

Outline any issues with diet: _____

Outline any issues with addiction: _____

What are your yoga goals/ what would you like help with?
