

Client Waiver - Please read carefully and complete

The information supplied by you on this form will be treated as strictly confidential. Please ensure that the information is complete and accurate.

Personal Information

Name:	Birth d	ate:
Street:	Suburl	b:
Phone :	Email :	
Don't want to miss anything? Receive studio e-news and upda	ates. Yes No	
Are you eligible for a student / pensioner concession?	Yes No	
Please specify:		
Are there any specific injuries, ailments, medical conditions or medications that your instructor should know about?	Yes No	
Briefly outline:		
In case of emergency, please contact Name :	P	hone :
I,	gree without reservation to the f	ollowing:
I,, as Acknowledgement – Health & Safety I acknowledge that I am participating in yoga and Pilates classes as well as		ollowing:
Acknowledgement – Health & Safety I acknowledge that I am participating in yoga and Pilates classes as well as other programs or workshops offered by ensō yoga during which I will receive	Release and Waiver I hereby agree as follows: I release, waive and discharg instructors (all of whom are colle any and all liability for any person	e ensō yoga, its directors, employees and actively referred to as the "Releases") from al injury, loss, property damages or expense
Acknowledgement – Health & Safety • I acknowledge that I am participating in yoga and Pilates classes as well as other programs or workshops offered by ensō yoga during which I will receive information and instruction in basic yoga, Pilates and fitness training.	Release and Waiver I hereby agree as follows: • I release, waive and discharginstructors (all of whom are colleany and all liability for any person arising out of or sustained in the coprograms offered by ensō yoga	le ensō yoga, its directors, employees and actively referred to as the "Releases") from al injury, loss, property damages or expense ourse of my participation in the activities and both on and off of the ensō yoga premises
Acknowledgement – Health & Safety I acknowledge that I am participating in yoga and Pilates classes as well as other programs or workshops offered by ensō yoga during which I will receive information and instruction in basic yoga, Pilates and fitness training. I am aware that yoga and Pilates classes are practiced in a heated room. I acknowledge that my own health and safety is my responsibility. I attest that I am in good physical condition and do not suffer from any known disability or medical condition which would prevent me from safe participation in	Release and Waiver I hereby agree as follows: I release, waive and discharginstructors (all of whom are colleany and all liability for any person arising out of or sustained in the coprograms offered by ensō yoga including negligence on the part from the risks, dangers, and hazar of care owed under the Occupiers I agree that Enso Praxis trading	le ensō yoga, its directors, employees and ectively referred to as the "Releases") from al injury, loss, property damages or expense ourse of my participation in the activities and both on and off of the ensō yoga premises of the Releases to safeguard or protect me ds referrred to above, and including any duty
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