**Winterbourne & Yogi Claire Day Retreat 10.08.19 Waiver Form**

\*\*Please note, all of the information on this form is kept confidential.

**Your details:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Would you like to subscribe to the Yogi Claire mailing list & hear about future classes, workshops, events & retreats?\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about this event?­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT:**

**EMERGENCY CONTACT PHONE NUMBER:**

Have you practised yoga before: YES/NO (please circle)

Limitations/Pain/Injuries/relevant illness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any dietary requirements or allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Waiver**

If at any time during yoga classes, or the retreat day, you feel discomfort or strain, gently come out of the posture. You may rest at any time and sit out anything that does not feel right to you in that moment. It is important in yoga & meditation that you listen to your body, and respect its limits on any given day.

**Declaration**

I understand that yoga & meditation is not a substitute for medical attention, examination, diagnosis or treatment. I recognise that it is my responsibility to notify the instructor of any relevant illness, allergy or injury before the retreat commences.

I will not perform any postures to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility, is liable for any injury or damage to my person or property, resulting from participating in the retreat.

I confirm I am 18 years old or over.

**Signed:**

**Date:**