**The Foundations of Yoga – 4-Week Online Course**

Please complete this form and payment link and send to [tash.yoga.space@gmail.com](mailto:tash.yoga.space@gmail.com).

Personal Information

First Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male ▢ Female ▢ Non-binary/third gender ▢ Prefer not to say/other ▢

**Medical Information**

If you have a medical condition, please consult your doctor before taking the class. Do you have any of the following medical conditions? Please tick YES or NO to each condition.

Epilepsy Yes ▢ No ▢ Respiratory Condition Yes ▢ No ▢

Heart Condition Yes ▢ No ▢ Pregnant Yes ▢ No ▢

Diabetes Yes ▢ No ▢ Surgery (within 2 years) Yes ▢ No ▢

High Blood Pressure Yes ▢ No ▢ Injuries (within 2 years) Yes ▢ No ▢

Low Blood Pressure Yes ▢ No ▢ Given Birth (last 6 months) Yes ▢ No ▢

Please provide further details to any of the above conditions you ticked YES to **AND/OR** please give any other reason why exercise may not be suitable for you.

## Payment Link & Price Tiers

£50 – Employed £25 – Unemployed/Student/Concession

[www.monzo.me/natashaneely/](http://www.monzo.me/natashaneely/30)

## Declaration

I have read and fully understand the contents of this form and confirm that my answers are true to the best of my knowledge. I have no medical conditions which would prevent me from participating in your classes or courses. I have been declared within the past 6 months by a physician to be in good physical health and capable of performing yoga exercises in a manner consistent with those offered by Tash Yoga Space. If at any time this changes I will inform you in writing prior to taking any more classes.

I confirm that my participation in the classes taught by Tash Yoga Space is voluntary. I understand that any advice provided to me by Tash Yoga Space is followed at my own risk.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Note if Applicable**

I have taken medical advice and my doctor has agreed that I can take part in these classes.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_