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Application Form

Yoga Classes @The Studio

Kindly complete both sides of this application form

NAME _____

SURNAME _____

DATE OF BIRTH _____

TELEPHONE _____

CELLPHONE _____

EMAIL _____

ADD ME TO MAILING LIST

INDICATE PREFERRED CLASS TYPE (X)

- Private (one-on-one) Classes
- Group Classes
- Partner Classes
- Yoga Intensive: Insert date

How did you find The Studio?

- Website Internet Search
- Friends/Family Flyer/Brochure
- Other: _____

Have you done Yoga before? How long ago?

YES / NO _____ / _____ / _____

WHAT ARE YOUR DESIRED OUTCOMES? (PHYSICAL, MENTAL, EMOTIONAL OR SPIRITUAL OBJECTIVES)

WHAT WOULD YOU LIKE TO ACHIEVE WITH YOUR YOGA? :

PAYMENT OPTION CASUAL PER CLASS / CLASS PASS PACKAGE

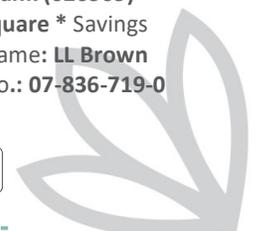
PAYMENT METHOD CASH EFT

PAYMENT DATE

SIGNED DATE

BANKING DETAILS:

Standard Bank (020909)
 Thibault Square * Savings
 Account Name: **LL Brown**
 Account No.: **07-836-719-0**



Physical Limitations and/or Injuries:

Do you have numbness and /or pain in (circle all that apply):

**Neck; Shoulders; Elbows; Hands; Wrists; Hips;
Lower back; Upper back; Knees; Feet;**

Other (please list):

WAIVER

Yoga involves physical movement and the holding of various postures, in addition to, an opportunity for relaxation, stress re-education and relief of muscular tension. We take the utmost care to ensure that the classes are safely instructed and adjusted - as is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated.

If at any time during the class, you feel discomfort or strain, gently come out of the posture - 'I will listen to my body, discontinue the activity, and ask for support from the instructor.' You may rest at any time during the class. It is important that you listen to your body, and respect its limits (which will move and change) on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognise that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate.

I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against RGHHA Pty Ltd T/A **The Studio** and its instructors. Those under 18 years of age must have this form signed by a parent or guardian.

SIGNED

DATE

GUARDIAN/PARENT NAME

GUARDIAN/PARENT SIGNATURE