

## **REGISTRATION FORM**

## Skills in Slow WorkShop Tracy Jemmott and Dr Vanessa Spiller



## **Personal Details**

Name				Date of birth	
Email				Email Opt Out	
Mobile				Other Phones	
Address				Gender	M F Non-binary Other
Suburb				Post Code	
Occupation					7
Emergency Contact	Name:	Relationship:	Pho	ne:	
Health Concerns					
Do you have any injuries, illnesses, surgery, pre-existing medical conditions or are you pregnant or					
taking any prescription medication?					
□ No					
Yes - Please	specify:	· · · · · · · · · · · · · · · · · · ·			<del> </del>
Please discuss your condition and any special requirements with your instructor before the class. You must be pain free throughout your Yoga class.					
Yoga Have you practiced Yoga before?					
Trave you practiced roga ben	ore:				
□ No					
Yes - For how long and what styles:					
How did you hear about the v	vorkshop? Please select:				
Signage		Facebook	Brochure/Flyer		Website
Friend		Google	Teacher		Other
I would like to be contacted a	bout future workshops: Ye	s No			
Our Agreement					
I understand that it is my responsibility to practice within my personal limits and to decide whether or not to follow the advice and guidance provided by Brisbane Yoga School, Tracy Jemmott and Vanessa Spiller. Yoga instruction is designed for those generally considered in good health. If you have any concerns as to whether yoga is an appropriate form of exercise for you, or if you are under the care of a physician, please speak to the instructor prior to the class. I agree and acknowledge that participation in any yoga exercises could constitute a risk of injury to myself including permanent paralysis or death. I voluntarily and knowingly recognise, accept and assume this risk and warrant that I am physically fit and able to perform the yoga exercises without risking serious injury or illness. I acknowledge that neither Brisbane Yoga School, Tracy Jemmott or Vanessa Spiller, shall be, nor deemed to be responsible or liable for any injury, illness or other mishap I sustain arising from or out of, or in any way directly or indirectly connected with the yoga and psycho-educational classes provided. I understand that Brisbane Yoga School, Tracy Jemmott and Vanessa Spiller are not liable for, nor expected to provide any advice, training or medical assistance other than in the form of the yoga exercises. I assure Brisbane Yoga School, Tracy Jemmott and Vanessa Spiller from and against all actions, suits, causes of action, proceedings, claims, costs and expenses whatsoever which maybe taken or made against Brisbane Yoga School, Tracy Jemmott and Vanessa Spiller in connection with or arising out of any injury, illness or mishap to me. I understand the Vanessa Spiller will provide only general psychologically informed information during this workshop. This information is general in nature. I understand that I am responsible for seeking my own individual, independent psychological advice and treatment as needed.  I have read and understand the above agreement.					
Signature:			Date:		
Parent/Guardian Signature	/Ifdox 40\.		Dete		