



## General Indemnity

Equilibrium Centre  
4 Ashwold Road  
Saxonwold  
Johannesburg

Full Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel no: \_\_\_\_\_

Have you practiced yoga before? YES/NO (Please circle)

If YES, for how long and what style? \_\_\_\_\_

Limitations/Injuries: \_\_\_\_\_

Do you have numbness/pain in (circle all that apply): neck shoulders elbows hands wrists hips lower back upper back knees feet other (please note): \_\_\_\_\_

### Class Policies

Bookings: bookings can be made online. It is not essential to book a class and classes are not charged for if you miss a booked class.

Class packages: classes can be purchased as drop in, monthly, or 5 & 10 class packages. Packages are non-refundable, and do not expire. If you have unused classes, they can be gifted to a friend.

"I, \_\_\_\_\_, have enrolled in a program of physical activity. I hereby affirm that I am in good physical condition. My doctor is aware that I am participating in prenatal yoga. I understand that yoga is a physical practice that requires strength and flexibility. I understand that in any physical activity, risk of serious physical injury is possible and yoga is no substitute for medical diagnosis and treatment. I am aware that by participating in yoga classes I undertake the risk and responsibility of personal injury, and I hereby release IMMA CENTRE and its instructors, from any liability now or in the future. I hereby affirm that I have read and fully understand the above. In addition, I have read and accept the class policies stated above"

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

In case of an emergency please contact: \_\_\_\_\_

Emergency number: \_\_\_\_\_