

VASUDEVA KRIYA YOGA Inc.

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ADMISSION FORM v2.0

Name: _____

Gender: M / F Weight _____ Kg Height _____ cm Age: _____

Street No: _____ Street: _____

Suburb: _____ Post code: _____ Phone: _____

Mobile: _____ Email: _____

Yoga Centre: _____

Medical / Physical Conditions:

I hereby declare that I possess good health and have no indication of any ailment that would affect my participation in a Yoga class.

Yes / No

If **No** — please write list and provide a short description of your Medical / Physical condition (such as, but not limited to: Asthma, Hay Fever, Low Blood Pressure, High BP, Back ache, Migraine, Diabetics, any recent operation or delivery or current Pregnancy), including when it commenced (if space is inadequate, then please attach extra sheets).

Note: If you have specified any pre-existing Medical / Physical conditions above, there may be some restrictions on Yogic Exercise or Asana.

Please ensure you talk to your teacher and discuss your specific medical / physical conditions before the start of each and every Yoga class you attend.

Media Release:

I (name) _____ permit Vasudeva Kriya Yoga Inc. and any licensees or assignees to use the photograph(s) and/or videos, drawings and any other reproductions or adaptations therefrom either complete or in part alone or in conjunction with any wording and/or drawings for all uses including publicity and/or merchandising and/or editorial purposes in any country.

Unless otherwise agreed the photograph(s) and any videos, drawings or adaptations thereof shall be deemed to represent an imaginary person.

No changes to the terms of this media release are accepted unless agreed in writing by Vasudeva Kriya Yoga Inc., and any licensees or assignees or myself.

I understand that I do not have any interest in the copyright to the photograph(s) nor shall I receive any payment.

I am over 18 years old. (Participants who are under 18 years of age must provide evidence of consent by a parent or guardian to this media release.)

Risk Warning, Waiver, Release from Liability & Indemnity:

I (name) _____ fully understand and acknowledge that Yoga has:

- (a) inherent risks, dangers, and hazards and such exists in my participation in this activity (“the **Risk Warning**”);
- (b) my participation in such activity may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability;
- (c) by my participation in these activities, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release from liability, waive, discharge, hold harmless, defend, and indemnify Vasudeva Kriya Yoga Inc. and all its members from any and all claims (including negligence), action or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of participation in this activity.

I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future.

I understand that I am responsible for informing my instructors of any pre-existing medical conditions or injuries that may affect my ability to participate in training, and for following my doctor’s instructions (if any).

I understand that it is my responsibility, if during the course of my training I develop any medical conditions or injuries, to inform my instructor about them.

I (name) _____ HAVE READ THE ABOVE RISK WARNING, WAIVER AND RELEASE FROM LIABILITY & INDEMNITY AND BY SIGNING BELOW AGREE IT IS MY INTENTION TO EXEMPT, RELIEVE AND INDEMNIFY Vasudeva Kriya Yoga Inc. AND ITS MEMBERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH BY ANY CAUSE.

I (name) _____ declare herewith that, the information provided by me is true. I have read and agree with all of the above, as well as the terms and conditions, Rules & Regulations, Cancellation, Refunds & Privacy Policy **on the Yoga centre noticeboard and website**, and will follow all and any instructions provided in class. I am joining the Yoga classes voluntarily.

Date _____

Participant’s (Guardian’s) Name: _____ Signed _____

Witness Name: _____ Signed _____

Communications:

I wish to be informed about Vasudeva Kriya Yoga Inc. events, and updates: **Yes / No**

Office Use:

Centre _____ Start date _____ Sign _____ Dt . _____