

PERSONAL DETAILS/ DISCLAIMER

Your name and email address

Emergency name and number

Where did you hear about us?

have you done aerial yoga before? _____

What is your current aerial level? Beginner, intermediate, advanced?

Do you practice yoga?if so how often?

do you mind if photos are taken throughout the session?

Additional information, please circle:

medical conditions, asthma, heart problems, or allergies, heart condition, disabilities, pregnant, joint pain, respiratory or lung disorder, if circle any above please give details:

By signing below you agree to the following:

I understand the risk associated with aerial and therefore, I release the company and the individual instructor from all liability concerning these risks that may occur during the aerial yoga.

I understand it is my responsibility to look after the equipment provided therefore any loss or damage to the equipment will be paid for by myself.

I understand that I or the instructor may terminate the session at any time if there is an emergency.

Print name

Your signature

Today's date

Fee or deposit £

Thankyou for taking the time to fill out this form!