**Yoga with Brenda Louw**

**CLASS PARTICIPATION FORM**FIRST NAME…………………………………… SURNAME………………………………………….

ADDRESS………………………………………………………………………………………………….…

………………………………………………………………………POST CODE………………………..

MOBILE NUMBER …………………………………………….…………... D.O.B………………………

EMERGENCY NAME AND PHONE NUMBER………………………………………………………...

…………………………………………………………..………….………

**PRIVACY NOTICE:**I use the above data for informing you of class schedules and for getting in touch with an emergency contact should the need arise. This includes when I arrange for another qualified teacher to cover a class in my absence. No personal information is ever shared with a third party unless for Covid contact tracing. At any point you may request to see, alter, rectify or delete your information.
This information will be renewed and updated in January of every year. If you are no longer participating in classes, the information will be destroyed in January of each year and a new form filled out if you return.

**PLEASE NAME ANY MEDICAL CONDITIONS/INJURIES (continue overleaf if necessary)** *………………………………………………………………………………………………………………………………………………………
You acknowledge that all exercise involves a risk of personal injury. Please be aware that your yoga teacher does not assume any responsibility for determining your medical fitness to participate in a class, nor assumes any responsibility for any injuries to you or loss of property by you in or about the premises. It is the responsibility of the student to inform the teacher of any medical conditions which should be taken into consideration while practicing yoga.*

PLEASE CONSULT YOUR DOCTOR IF YOU ARE IN ANY DOUBT ABOUT PRACTICING YOGA.

PLEASE ADVISE BRENDA OF ANY CHANGE OF CIRCUMSTANCES

I understand that to participate in Brenda’s Classes I have read and understood the **Studio Guidelines** on [www.LongMelfordYoga.co.uk](http://www.LongMelfordYoga.co.uk). I am following the current Government Covid-19 Guidelines. I take full responsibility for myself, and will not push myself beyond my limits in any of the Yoga practices,
and I consent to the conditions set out above.

SIGNED………………………………………………………DATE …………………………………….…

WHERE DID YOU HEAR ABOUT THE CLASSES?…………………………………………………

EMAIL (if you’d like to receive the monthly studio updates)

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For more information on the Disclaimer & Privacy Policy see www.BrendaLouw.co.uk