



## EXISTING STUDENTS UPDATED REGISTRATION FORM

To be completed by yoga class participants for face to face and remote teaching.

All information given will be treated in the strictest confidence and stored in accordance with Data Protection legislation.

Name .....

e-mail .....

Phone number .....

### DECLARATION AND WAIVER

I confirm the previous submitted Student Registration Form information is correct (copies available on request – if in doubt complete a new form). I take responsibility for my own health and safety whilst participating in the yoga class, whether face to face or remote, and I also understand that it is my responsibility to:

- I understand and accept that as with all types of exercise classes, there is a possibility of sustaining physical injury. I know that Yoga is not a substitute for medical attention or diagnosis. I agree to seek my doctor's consent before beginning classes if I am undergoing any medical treatment or concerns about my ability to participate in the yoga class.
- In all classes whether face to face, live streamed remote or pre-recorded remote, I accept that some postures/practises are not appropriate or suitable for people with certain conditions. I agree to abide by my doctors and/or teacher's instructions in this respect and listen to my body. Where a movement or class is beyond my experience or ability, feels too difficult for me, or I experience any discomfort, I will not continue the movement or class. I undertake not to practise yoga if I am ill and will notify my teacher before/at the start of class if I have had any change in my medical information or ability to participate or if I feel in any way unwell or have sustained any injury since my previous lesson.
- I will remain on screen when participating in a remote yoga session  
*I understand that for any periods of time throughout a remote session during which I move off screen or are outside of the teacher's view, whether intentionally or not; no liability will arise on the part of the teacher. I understand the instructor may not be able to see me at all times.*
- I understand that remote online zoom classes are recorded, with only the teacher being shown, but my voice may be heard if I'm not on mute.
- I agree to adhere to the relevant Covid Secure Health Guides - <https://www.meleyoga.com/covid-secure-guide>  
I understand that I am responsible for complying with the Government Covid-19 secure guidelines  
**I agree that if I/anyone in my household has symptoms of Covid 19**, such as a new continuous cough, sneezing, high temperature, loss or change to your sense of smell or taste, if anyone in the household is self-isolating or if I have been in contact with anyone with symptoms, suspected or confirmed to have the virus, over the last 14 days, **I WILL NOT ATTEND a face to face class**
- I understand that bookings as standard are non-refundable and non-transferable

### How can we contact you?

In order to comply with the General Data Protection Regulations, it is necessary to check whether or not you are happy for me to retain your contact details and email you information I think will be useful to you, including classes, workshops, retreats, training, events and other relevant updates. I only hold information when it is necessary for me to carry out my work, and when you have given me permission to do so. To ensure that I only communicate with you in the manner of your preferred choice, can you please indicate/amend your choices on page one, to detail your preference(s) when contacting you. Please note you are able to amend these choices at any time by contacting me: [mel@meleyoga.com](mailto:mel@meleyoga.com)

Email:       Mobile:       What's App:       Phone (Home):

- I confirm that I have read this form in its entirety and participate voluntarily in the full knowledge that there may sometimes be risk attached to practising yoga

### SIGNATURE (physical signature if using a printed copy. Otherwise indicate with a tick or X):

By signing, I confirm my understanding and acceptance of this health questionnaire and its disclaimer:

NAME (please print): .....

DATE: .....

### SIGNATURE OF PARENT/GUARDIAN IF STUDENT IS UNDER 18 YEARS

### SIGNATURE (physical signature if using a printed copy. Otherwise indicate with a tick or X):

By signing, I confirm my understanding and acceptance of this health questionnaire and its disclaimer:

NAME: .....

DATE: .....