

PROGRAM: BEGINNERS YOGA	LEVEL 1 YOGA	LEVEL 2 YOGA
PILATES	WORKSHOP	MEDITATION
START DATE: / /	CORPORATE MASSAGE	
POSTAL ADDRESS: EMAIL ADDRESS : PRIVATE	H	M
NAME:	CONTACT NUMB	ER:
DO YOU HAVE OR HAVE YOU EV	FR HAD ANY OF THE FOI	LOWING?
	TER HAD ART OF THE FOL	<u>-LOWING:</u>
<u>DETAILS</u>		
Asthma/Breathing Difficulties Heart Condition Hernia High Blood Pressure Epilepsy Hearing/Speech Difficulties Stomach Ulcers Muscle Pains/Muscle Cramps Pain or Tightness in the Chest Chronic Cough Liver/Kidney Conditions Cancer Infectious Diseases Taking Medication Allergies Recent Hospitalisation Previous injuries (i.e. back, neck eigenstate)	Y N	
ARE YOU PREGNANT: Y	N DUE [DATE: / /
acknowledge that I WAIVER and RI against Executive Wellbeing Pty LT arising directly or indirectly from a carried out by 'Executive Wellbeing the right to refuse or terminate regany Yoga or Pilate's class not atter	ive Wellbeing that all inform ELEASE and will not have an D for injury, illness or any any online, or onsite test, tray's' trainers and staff. 'Executive in Executive in Exec	nation given on this form is correct. I ny claim of any kind or nature whatsoever adverse change in my medical state or health aining or rehabilitation program or workshop cutive Wellbeing's' Staff and Trainers reserve person/s at any given time without reason. I must be completed within the 8-10 week otherwise be forfeited. Class attendance is

Executive Wellbeing Mobile: 0412 183 379