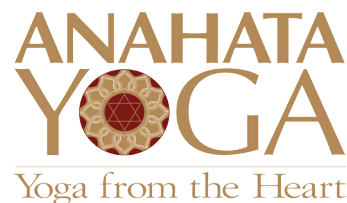


Guest Orientation & Consultation Form



Name : _____ Date & Time : _____

Mobile : _____ Class : _____

E-mail : _____ Instructor : _____

1st Trial 第一次試堂

☐ Yes ☐ No

Sources/Referred By :

資料來源或介紹者名稱 : _____

Address: _____

Occupation: _____

Exercise background 運動背景

1. The guest would like to achieve the following results from yoga

訪客希望藉著練習瑜珈達致以下效果。

What specific area(s) of your body are you most concerned with?

你最留意身體那些部位?

2. The health condition is 身體狀況為 :

Please "✓" 請選擇	Yes 有	No 沒有	Please "✓" 請選擇	Yes 有	No 沒有
Angina 心絞痛			Low Blood Pressure 低血壓		
Asthma 哮喘			Joint Problems 關節問題		
Back Problems 背部問題			Pregnancy 懷孕		
Diabetes 糖尿病			Sciatica 坐骨神經痛		
Heart condition 心臟病			Smoker 吸煙者		
High Blood Pressure 高血壓			Surgery 近期手術		

"Are there any recommendations from your family Doctor saying that you need to pay special attention when doing this exercise, please specify: "

您的家庭醫生有否提議您在運動要特別注意身體，會否影響參與此運動，如有，請註明：

I certify that the information I have provided is true and accurate to the best of my knowledge.

以上資料，絕對屬實。

Waiver and Release

- A. Member/Guest fully understands that he/she is engaging in physical exercise, including the use of exercise facilities and receiving instructions from Anahata Yoga personnel, which may cause possible injury to him/her. He/she hereby agrees that he/she is voluntarily participating in physical exercise, the use of Anahata Yoga's facilities and receiving instructions from Anahata Yoga's personnel and that he/she is assuming all risks of injury to him/her on account of these activities. It is further agreed that Anahata Yoga will not perform and is not responsible for any evaluation of member's physical condition to which may help to identify risk factors contradicting to any physical exercise prior to his/her starting or continuing an exercise activity.
- B. Member/Guest hereby warrants, represents and agrees that he/she has no physical disability, impairment, or ailment preventing him/her from engaging in any exercise activity, or that will be detrimental to his/her health, safety, comfort or physical condition, or that of others. It is always advisable and the Center recommends the member to consult his/her physician before undertaking yoga/dance exercise program if the member considers necessary.
- C. Member/Guest hereby agrees to waive any and all claims or right he/she might otherwise have against Anahata Yoga including but not limited to the right to sue Anahata Yoga, its employees or agents, for any injuries or claims whatsoever.
- D. Member/Guest has carefully read this waiver and release and fully understands this is a full release of any and future claims against Anahata Yoga for any injury or risk of injury resulting from activities whatsoever while attending center facilities. Member further agrees to fully release Anahata Yoga from any liability for any loss or theft of personal property.
- E. I understand and accept that Anahata Yoga will, through this application form, collect my personal data which would be used for processing my application, arranging activities, programmes or services (including but not limited to class administration work), promotion, evaluation of services, statistics, surveys, investigation and following up of other issues related to Anahata Yoga. I understand and accept that Anahata Yoga may transfer my personal data for the above purposes. I understand and agree that Anahata Yoga may use my personal data (including but not limited to my name, correspondence address(es), contact telephone number(s), email address(es), photo record(s) and video record(s)) to provide me information on related activities, programmes or services; I also accept that my personal data may be used for promoting activities, programmes or services provided by Anahata Yoga.

Signed 簽署 _____

Date 日期 _____