A logo with text and leaves in a circle

Description automatically generated

HAVEN & HARMONY

DAY RETREAT 18 November 2023

464 Kaveney’s Road, Jeir

[Havenandharmonyyoga@gmail.com](mailto:Havenandharmonyyoga@gmail.com)

0428413801

Name: - ………………….…………………………………….. DOB: - ……………………………………

Email: - ………………………………………………………………………………………………………………………

Mobile: - ……………………………………………………..… Home: - ..……………….…………...…

(Please indicate preferred means on contact)

Emergency Contact: - ………………………... Phone: -………………………….……..

Dietary Requirements: - ……………………………………………………………………..…………………………

Have your practiced Yoga before Yes/No

(If so what type of yoga) ………………………………………………………………………………………….………

Do you have any health limitations or physical injuries: - Yes/No (please advise if relevant)

………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………….

Please indicate if you have any major health issues (i.e., high/low blood pressures, seizures, diabetes etc.).

……………………………………………………………………………………………………………………………………

Important if you have had recent surgery, any heart of blood pressure conditions or are pregnant. Please check with your doctor before commencing class.

Are there any issues you wish to share about triggers with yoga poses/breathing/meditations, that you have experienced in the past.

……………………………………………………………………………………………………………………………………

Are their any injuries or conditions which would cause you to modify your exercise program. …………………………………………………………………………………………………………………………

Agreement of Release and Waiver of Liability

I believe there is no medical reason why I should not take part in Haven & Harmony Classes. I agree and acknowledge that participation in any Haven and Harmony Classes are at my own risk, I voluntary and knowingly recognize, accept and assume this risk and warrant that I am physically fit and able to perform the exercises provided. I expressively waive any claim I may have against Haven & Harmony and its Staff and Directors for any injury, illness, mishap or loss sustained by me during my attendance. I understand that all safety precautions will be observed but agree to accept responsibility for any injuries that may be sustained whilst taking part in the yoga classes.

I understand that I am to receive guidance in Classes only. Employees of Haven & Harmony are not liable for, nor expected to provide any advice, training or medical assistance other than in the form of the classes provided.

The fees paid by me under this enrolment to Haven & Harmony are non-refundable. Haven & Harmony may at its discretion grant refunds to me without prejudicing any of its rights. If any classes are cancelled refunds or credits will be made in full.

I have read the above release and waiver of liability and fully understand its contents as well as the Cancellation Policy. I voluntarily agree to the terms and conditions stated above.

…………………………………………………………. ……………………………………….. ……………………..

Name Signature Date

Full Term Payment to be made prior to first class.

Payment Can be Made by Credit Card or Debit to the below Bank Account. (please put your name as a reference)

If you wish to pay by Credit Card that can be done over the phone.

Casual visits pay as you go.

Bank Account Details:-

Commonwealth Bank

PBiz Pty Ltd

BSB: - 062904

Account: - 10605422