



MY ASHRAM YOGA

Informed Consent for Yoga Class

Please write YES or NO

I have read and understood the client yoga questionnaire and class information.

I understand that all relevant information concerning my health, relevant to the practice of yoga have been disclosed to my teacher.

I take full responsibility for all applications of yoga I practice in the class

I fully understand that the recommendations, idea or techniques expressed and described in these yoga classes cannot be regarded as a substitute for the advice of a qualified medical practitioner.

I understand that information I provide will be used by my teacher only within the context of this class.

I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared.

I agree that my information/image can be used in marketing for "My Ashram Yoga"

I agree that my real name can be used for quotes.

Written client information shall be kept for as long as the client attends the classes within "My Ashram Yoga".

The original forms can be digitised and stored securely encrypted permitting the originals to then be destroyed securely by means of shredding.

Any authorised photos of the client will be retained and used indefinitely by the teacher, and remain the property of the teacher.

Signatures

Name of participant [IN CAPITALS]

Signature

Date

I have accurately given the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

Name of teacher (IN CAPITALS)

Signature

Date