



Ataraxia Collective

**Yoga & Workshop Waiver**  
*Let's get to know each other....*

Name:

Address:

Mobile:

Email:

Emergency contact:

Do you take regular medications? If so, please specify.

Do you have any allergies? If so, please specify.

Do you have any disease or history of significant illness? If so, please specify.

M. 0478 030 117

E. [hello@ataraxiacollective.com.au](mailto:hello@ataraxiacollective.com.au)

[www.ataraxiacollective.com.au](http://www.ataraxiacollective.com.au)

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Do you have any physical limitations or injuries that could be exacerbated with exercise? If so, please specify.

Do you, or have you ever had any of the following conditions (please tick):

Cardiovascular problems or heart disease  
Faintness or dizzy spells  
Chest complaints eg. Asthma or bronchitis  
High blood pressure  
Epilepsy or seizures  
Lower back pain or injury

*Let's understand each other & get along....*

I confirm that all information provided to Ataraxia Collective is true and correct, and without omission, that I am 18 years or older and that I am not pregnant. If I am pregnant or undergoing fertility treatments, I confirm that I have previously sought medical approval by my GP to partake in the day and have completed the Ataraxia Collective pregnancy health questionnaire.).

I will follow the instructions provided to me safely. I will declare any injuries to the host/instructor prior to the event and modify my activity according to the needs of my injury & body. I will communicate to the host/instructor any concerns I have regarding the event prior to the event, such as any relevant medical or health issues.

I will communicate to the host/instructor if I do not wish to be touched or adjusted during the yoga and any workshop activities.

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I will participate in the activities within my own physical and psychological limits. I am participating in all activities at my own risk. I agree and acknowledge that participation in any exercise could constitute a risk of injury. I voluntarily and knowingly recognise, accept and assume this risk, and warrant that I am physically fit to perform the exercises without risking injury.

I acknowledge that the host/instructor &/or Ataraxia Collective shall not be responsible or liable for any injury, illness, loss, damage or other mishap sustained arising from or out of, or in any way directly or indirectly connected with the yoga, workshop activities and exercises of the day.

I indemnify Ataraxia Collective for any loss or damage to my personal belongings arising during the course of my participation in a Yoga class or workshop.

Signed \_\_\_\_\_

Date \_\_\_\_\_

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