

Marga Yoga - Client Record-

Name _____

Address _____

Email address _____

How long have you been practicing yoga ? _____

Medical History

Please specify any existing ailment:

Please specify any injury:

Please specify if you are taking any medication

Please consult your physician if you have any existing ailments or injury, where the yoga practice might be detrimental to your health.

Please note: Marga Yoga is not responsible for any illness, ailment or injury that might arise during or after your stay with us or during an online course with us.

Any health related complaints, is the guest sole responsibility and we advise guests to be covered by health insurance.

I _____ agree to the terms and conditions above and I understand I am responsible for any medical problem or injury that might arise during or after my program at/with Marga Yoga.

Date _____

Signature _____