



# Patanjali Yog Peeth (UK) Trust

Charity Reg. No. 1115370

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## REGISTRATION FORM FOR ATTENDING YOG CLASSES

**PARTICIPANT ID NUMBER:**

### PERSONAL DETAILS

TITLE: DR / MR / MRS / MISS / MS (CIRCLE AS APPROPRIATE)

SURNAME: ..... FORENAME(S) .....

DATE OF BIRTH: ..... SEX: MALE / FEMALE.

ADDRESS: .....

.....

CITY ..... POST CODE: .....

TELEPHONE: HOME: ..... MOBILE: .....

(\* Must provide email address for future communication)

EMAIL ADDRESS: .....

OCCUPATION: .....

Please affix  
your passport size  
photo here

### YOUR GP DETAILS

GP NAME: ..... GP TELEPHONE: .....

GP ADDRESS: .....

### HEALTH DETAILS

How many units of alcohol do you consume weekly? ..... Do you smoke? YES / NO

Are you currently taking prescribed medicine? YES / NO

If you answered YES to the above question please give details of the name AND dosage of the medication? .....

.....

.....

Are you currently under the care of a doctor or medical professional? YES / NO

When did you last consult your GP and why? .....

.....

Are you currently suffering from or have suffered from any illness listed below (CIRCLE AS APPROPRIATE):

Heart Trouble                      Lung disease                      Stomach/bowel trouble                      Jaundice/hepatitis

Joint problems Diabetes                      Allergies                      Headaches/migraines                      Asthma



High blood pressure	Low blood pressure	Back/neck problems	Serious accident
Severe stress reaction	Kidney/bladder disorder	Fits/blackouts/epilepsy	Hearing/sight problems
Surgical operations Skin problems	Depression/anxiety	Hernia or rupture	Other .....

If you circled any of the options above please provide details and approximate dates where relevant: .....

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How did you find out about Patanjali Yog Peeth (UK) Trust? .....

.....

What do you hope to achieve from taking part in yoga classes? .....

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**DISCLAIMER – PLEASE READ CAREFULLY**

The volunteers associated with Patanjali Yog Peeth expressly state that in general Yog is safe and beneficial but like any other health program it needs to be practiced judiciously, correctly and cautiously.

No citing by the volunteers at a yog workshop to any health-related/medical/other information is intended to be a substitute for professional judgment of a qualified health-care provider. The volunteers are not subject or liable to change the structure of a yog workshop to suit individual needs.

Not all presentations at a yog workshop may be suitable for everyone. If pain is experienced at any time during the practice of Yog, it should be stopped immediately and a qualified health care professional should be consulted. The volunteers assume no responsibility and will not be liable for any harm, injury or damage resulting from any tort, negligence or from a breach of an express or implied warranty however caused or occurring during or after participation in a Yog workshop or while practicing anything presented therein.

By participating in a yog workshop the participant, for himself/herself, his/her heirs, and assigns, hereby expressly assumes all risks, full responsibility and liability for participating and practicing anything presented therein and forever waives and releases and agrees to defend, indemnify and hold the volunteers harmless from and against any and all claims or demands, liabilities and settlements (including without limitation, legal and accounting fees) on or against the volunteers for losses or damages, including, without limitation, direct, indirect, incidental, consequential or special damages, personal injury/wrongful death, resulting from or alleged to result from participating in or practicing anything that is presented in a yog workshop.

The volunteers, at their sole own discretion reserve the right to deny participation at any time of a yog workshop to any entity without assigning any reason whatsoever.

**DECLARATION**

1. I hereby declare that the information I have provided is true and complete to the best of my knowledge.
2. I have read the disclaimer in full and am in agreement with its contents.
3. I agree to permitting PYP(UK)T to use my details as part of their evidence and future research.
4. I give permission for my photo to be used in materials published by PYP(UK)T (inc their website) or in relation to raising awareness for PYP(UK)T (charitable trust) i.e. newspapers. I also understand that I may revoke this permission, in writing, at any time.

SIGNATURE: ..... DATE: .....