Yoga Retreat Registration Form

Thank you for booking your stay with us.

This web page contains a consultation form for you to complete on or before your arrival. The form is completely confidential and arrives in my email inbox. If you have any trouble with it please send me an email.

I look forward to meeting you soon, Zoe

All information on this form will be kept confidential

An information on this form will be kept confidential
Name:
Address:
Postcode:
Mobile phone number:
Email:
Emergency contact (name & number):
Room type and retreat date:
Please tell us about your dietary requirements/preferences:
What would you most like to get out of your retreat at Isle of Mull Yoga?
Have you practiced yoga before: Yes / No (please circle)
If yes, for how long?
Diama 4-1114 :

Please tell me about any injuries, strains, medical conditions, and any other medical history we should be aware of:

Can you tell me something about your lifestyle (e.g work/commitments/responsibilities/hobbies/exercise routine)

Is there anything else you would like me to know?

Being on retreat is a unique experience. It can be transformative and liberating to spend this time on nurturing yourself and connecting to nature. You will be in a safe space to express yourself fully and I will be your teacher, guide and a listening ear if you need one.

Liability Waiver

If at any time during the class, you feel discomfort or strain, gently come out of the posture and stop the practice. You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I understand that yoga is not a substitute for medical attention, diagnosis, or treatment. I recognise that it is my responsibility to notify my teacher of any illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class.

Signed:			
Date:			