

Name: _____ Nickname: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Email for account notices: _____

Phone #s: Cell _____ Home _____ Work _____ Ext: _____

Birthday (mm/dd/yy): ____/____/____ Current age: _____

Emergency Contact: Name: _____ Relationship _____ Phone #: _____

Please outline any medical conditions that we should be aware of that may hinder your participation in class:

1. How did you hear about us?

AD where: _____ / ANOTHER CLIENT Name: _____ / FLYER / FRIEND

INTERNET / NEWSPAPER / STREET SIGN / OTHER specify: _____

****PLEASE NOTE****

There is always a risk of injury from exercise, particularly from strenuous activity that puts excessive pressure on the joints and muscles. If you either have not exercised before, or you have not exercised for a long time, you should talk to your doctor about your fitness before starting any kind of exercise program. This is particularly important if you; are pregnant, smoke, have diabetes, or are at known risk for heart disease, are inactive, have high blood pressure, have chest pains or any severe discomfort when you exercise, have high cholesterol, have low bone density, and/or have difficulty breathing during mild exertion, such as while carrying out daily activities.

Per class packages are valid for a period of 1 year from the date of purchase.

<p><i>My signature on this form indicates that I have read, understand and agree to the policies and statements outlined above.</i></p> <p><i>In consideration of the services rendered to me by Breathing Space Yoga Studio, I hereby agree to waive, release absolutely, indemnify and save harmless Breathing Space Yoga Studio, and its employees and owners, from and against all claims, demands, awards, judgments, actions, causes of action and proceedings by whomsoever made or brought in respect of any personal or bodily injury (including death) to any person, and any loss of or damage to any property caused directly or indirectly by or as a result of my participation in yoga classes provided by Breathing Space Yoga Studio, or its employees or owner.</i></p> <p>I understand that this is a waiver of liability and waives any responsibility of Breathing Space Yoga Studio.</p>

Release of Liability Signature: _____
To be signed by Parent/Guardian if Client is 18 years or under

Please Print Name of Signee: _____ Date (mm/dd/yy): ____/____/____

I too understand the risks outlined above: _____
Signature of Client if aged 18 and under to be signed at the studio

Please Print Name of Signee: _____ Date (mm/dd/yy): ____/____/____