



YOGA CLASS REGISTRATION

Client Information Agreement

Name: _____ Age: _____

Street Address: _____ City: _____

Postal Code: _____ Phone(s): _____

Email: _____ Website: _____

Birth Date (D/M/Y): ____/____/____ Birth Time: _____

Would you like to join our quarterly email newsletter to learn about promotions, new classes, upcoming events and workshops: YES ____ NO ____

Are you allergic to or bothered/irritated by the smell of incense: YES ____ NO ____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Medical Conditions:

How did you hear about us: _____

Policy:

No refunds or credits will be given for missed classes.

All participants must sign waiver form prior to participating.

I thoroughly understand and agree to the terms and conditions as stated above.

I also understand that with any physical activity there is a risk involved and that AT THE CORE and their instructors are not responsible for any injuries incurred while participating.

I further acknowledge that I should consult a medical doctor before I embark on any physical program.

Date: _____

Signature: _____

I accept all the terms and conditions and hereby state that the medical and personal information is truthful and correct.



INFORMED CONSENT AGREEMENT

Name: _____

Date: _____

Thank you for choosing to use our services. We request your understanding and co-operation in maintaining your safety and health by reading and signing the following consent form.

I subscribe to and accept the following:

AT THE CORE, registered in the province of Ontario, shall not be liable for any damages arising from any personal injuries sustained by a guest or a member on or about the premises of AT THE CORE. A guest or a member attending AT THE CORE and using its facilities and equipment, does so at his/her own risk. A guest or a member assumes full responsibility for any injuries or damages which may occur to him/her using said facilities and he/she does hereby fully and forever release and discharge AT THE CORE, its owners, employees, and associates from any and all claims, demands, damages, rights of action, or causes of actions, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of a student's, member's or a guest's use or intended use of AT THE CORE's facility and equipment.

I understand that part of the risk involved in undertaking any activity of program is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service and program of Yoga, Ayurveda, Meditation, Reiki or Massage brings with it the assumption by me of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that I possess and use. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any program activity and I realize that I should do so upon recognition of any signs of transient light-headedness, fainting, chest discomfort, leg cramps, nausea, etc.

In addition, I acknowledge that I have inquired about the nature of any activity, program or service that I am not completely familiar with and I have been informed of any inherent risks.

Date: _____

Signature: _____

I declare that I have read, understood, and agree to the contents of this Informed Consent Agreement in its entirety. I accept all the terms & conditions and hereby state that the medical & personal information is correct.

Please note the terms and conditions of Private Classes: I understand that AT THE CORE requires twenty-four (24) hour notice for any change or cancellation. I will be billed for any private or semi-private class etc. booked if twenty-four (24) hour notice is not given. All prepaid private or semi-private classes are fully transferable but not refundable.

_____ ***Please initial here to indicate your acceptance***