



CLIENT REGISTRATION FORM

FIRST NAME (please print):	LAST NAME (please print):
ADDRESS:	CITY/PROVINCE:
POSTAL CODE:	PHONE NUMBER:
EMAIL:	By providing your email address, you give Anne permission to send you email updates regarding her classes/workshops/retreats/events and to contact you in event of class cancellations. You may unsubscribe at any time by sending an email with "UNSUBSCRIBE".
AGE:	
DO YOU HAVE ANY HEALTH CONDITIONS/INJURIES/ILLNESSES? N__ Y__	IF YES, PLEASE LIST ON BACK OF FORM AND DISCUSS WITH TEACHER.

CLIENT WAIVER AGREEMENT

I understand that YOGA is a discipline which includes physical movements, breathing techniques, and meditative practices, as well as an opportunity for relaxation, stress reduction, and relief of muscular tension. As is the case with any physical activity, the risk of injury (even serious or disabling) and/or death, is always present and can never be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the teacher.

I am aware that YOGA is not a substitute for medical attention, examination, diagnosis, or treatment and that YOGA is not recommended and is not safe under certain medical conditions. **I agree to inform the teacher of ANY health conditions prior to starting this class including, but not limited to, heart disease, high blood pressure, recent injury or surgery, joint/musculoskeletal problems, osteoporosis, mental illness, or if I am pregnant.** I acknowledge that it is **my responsibility to consult with a physician regarding and before my participation in these activities** and to decide whether to take part in any class, workshop, retreat, or other event.

I hereby agree to assume any and all risks associated with my participation in any yoga class, workshop, retreat, or other event offered by Anne Stubbs c.o.b. as YOGA IN MY BACKYARD, including but not limited to damages for personal injury and/or damage to property. I hereby irrevocably release and waive any claims or other proceedings for damages, loss, costs or expenses of any kind that I, my heirs, executors, administrator, and successors may now have or hereafter may have against Anne Stubbs c.o.b. as YOGA IN MY BACKYARD. I acknowledge that my acceptance of and adherence to these terms is required before any services will be provided to me by Anne Stubbs c.o.b. as YOGA IN MY BACKYARD, and any and all services provided to me are provided in reliance on the release and waiver set out herein.

By signing and submitting this form, I declare I have read, understood, and agree to the terms contained in this Agreement.

SIGNATURE: _____ DATE: _____