



CLASS ENROLLMENT FORM

Before taking your first class please complete this form. Thank you.

NAME AND ADDRESS: (Please type in information or print legibly)

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *Prov.* *Postal Code*

Home Phone: () _____ Alternate Phone: () _____

Date of Birth: / / (mm/dd/yyyy) _____

E-mail Address: _____

May we send you email notices about events, specials, etc.? Yes No

EMERGENCY CONTACT(S):

Full Name: _____
Last *First* *M.I.*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Full Name: _____
Last *First* *M.I.*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

RELEASE OF LIABILITY:

I acknowledge that it is my duty to exercise care for the protection of others and myself while attending classes and events at PranaShanti Yoga Centre. I have received advice from my doctor that I am capable of physical exercise such as provided by PranaShanti Yoga Centre and its Teachers or I assume the risk of exercising without a doctor's examination.

I understand that yoga may be physically strenuous and I voluntarily participate with full knowledge that there is risk of personal injury, property loss or otherwise. I assume all of the risks and accept personal responsibility for any and all damages resulting from these activities. For myself, my heirs, assigns and representatives, I release, waive, discharge and will not make claims against PranaShanti Yoga Centre, PranaShanti Inc., its members or its Teachers respecting any and all demands, losses or damages on account of personal injury, including death or damage to property arising from negligence or otherwise. I agree that PranaShanti Yoga Centre/PranaShanti Inc. is in no way responsible for the safekeeping of my personal belongings while I attend a class or event.

Signature: _____

Parent/Guardian
Signature if
under 18: _____