



CLASS ENROLLMENT FORM

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

Full Name: _____
Last First M.I

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

Address: _____
Street Address Apartment/ Unit

_____ *City Prov. Postal Code*

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy) Are you a Student? _____
School Name Student No. Expiry

Provide us with your birth date and e-mail for a free yoga class on your birthday!

E-mail Address: _____

May we send you information about events and specials? Yes No

How did you hear about **PranaShanti™**? Family/Friend/Colleague Teacher Printed Advertising Internet

Do you have any existing medical conditions that your teacher should be aware of?

Emergency Contact:

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: _____ Date: _____

Parent/Guardian signature if under 18: _____ Date: _____

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