Please complete this form and bring to your first class

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | Last Name | |  | | | | |
| Address |  | | | | | | | | |
| City |  | | Prov. | |  | | Postal | |  |
| Email |  | | | | | | | | |
| Cell |  | Home | |  | | Work | |  | |
| Emergency Contact Name | |  | | | | Phone | |  | |

How did you hear about us? Check one or more.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Friend |  | Optimist |  | Walk by |  | Email |  | Facebook |  | Web |  | Poster |  | Other |  |

Physical Activity Readiness Questionnaire

Do you have, or have you had in the past: Circle Yes or No

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | History of heart problems, chest pain or stroke? | Yes | No |
| 2 | History of heart problems in immediate family? | Yes | No |
| 3 | Increased or decreased blood pressure? | Yes | No |
| 4 | Any chronic condition or illness? | Yes | No |
| 5 | Recent surgery? (last 24 months) | Yes | No |
| 6 | Pregnancy? (Now or in the last 12 months) | Yes | No |
| 7 | Encouraged by a doctor to start an exercise program? | Yes | No |
| 8 | History of breathing problems? | Yes | No |
| 9 | Muscle, joint, back disorder or any injuries still affecting you? | Yes | No |
| 10 | Diabetes or thyroid condition? | Yes | No |
| 11 | Cigarette smoking habit | Yes | No |
| 12 | Increased blood cholesterol | Yes | No |
| 13 | Hernia? | Yes | No |
| 14 | Are you taking any prescription medicines? | Yes | No |

(Please provide details in the space provided below if you answer “Yes” to any of the questions)

|  |
| --- |
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|  |

Release and Waiver

I understand that yoga classes and yoga facilities may involve inherent risks including, but not limited to, physical activity which may result in bodily injury. I for myself, my heirs, executors, administrators and assignees, release and hold harmless the Contract Yoga Instructors, Open Space Yoga Ltd, Gerry Sylvester and his or her respective servants, agent, members, directors, officers or employees from any claims, demands, damages, actions or causes of action arising out of or in consequence of any loss, injury or damage to my person or property incurred while practicing yoga at any time or place and, without limiting the generality of the foregoing, specifically, while attending at or participating in yoga classes or workshops or other meetings, notwithstanding any such loss, injury or damage may have arisen by reason of the negligence or gross negligence of the yoga instructor, the yoga studio or his/her servant, agents, members, directors, officers, employees or visiting teachers. You agree that we at Open space Yoga Ltd do not examine and may not understand your particular medical circumstances and are therefore not able to access the suitability or safety of the programs for you. I have read this document carefully and understand that signing this document may affect my legal rights including the right to sue.

Email Communication

Canada's new anti-spam legislation requires us to obtain your consent in order to provide you with electronic information about many of the happenings and events occurring at Open Space Yoga.

I consent to Open Space Yoga Ltd. using the personal information disclosed in this form to communicate with me from time to time. Parent/guardian must complete and sign below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dated at (City): |  | Dy/Mnth/Yr: |  | Email: | Yes |  | No |

|  |  |
| --- | --- |
| Signature of Applicant or Parent/Guardian: |  |