



Contact Information and Waiver

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.

Circle Yes or No

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

Signature of Applicant or Parent/Guardian: _____