



Yoga Class Enrollment Form

Personal Information

Last Name _____ First Name _____ Initial _____
Address _____ Apt. # _____ City _____ Postal Code _____
Date of Birth(dd/mm/yy) ____/____/____ Occupation _____
Home Phone() _____ Work Phone () _____ Cell () _____
Email _____ How did you hear about our classes? _____

Emergency Contact Details:

Name _____ Home Phone _____ Cell Phone _____

Please list any health concerns or things you would like the teacher to know about you on the back of this form.

Important

Please advise us before commencing any class if, for any reason, your health or your ability to exercise changes. For all forms of physical exercise, it is prudent to consult your doctor before commencing a new program.

These classes are not a substitute for medical counseling or treatment. If you have any doubts about the suitability of the exercises, you should refer back to your medical practitioner. The teacher can accept no liability for personal injury related to participation in a session if:

- your doctor has, on health grounds, advised you against such exercise.
- you fail to observe instructions on safety or technique.
- such injury is caused by the negligence of another participant in the class/studio.

I hereby release and discharge Shaughnessy Family Wellness Centre and its teachers, staff and management from any and all liability for personal injury or property damage rising out of the use of the premises and participation in classes. Exercise should be performed at a pace which feels comfortable for you. Pain is the body's warning system and should NOT BE IGNORED. Please inform your teacher immediately if you feel any discomfort during a class. Please also inform the teacher if you felt any discomfort after a previous class.

I understand that these classes involve hands on correction and I hereby consent for my teachers to work in this way.

I agree that Shaughnessy Family Chiropractic may collect, use and disclose personal information as set out in the Clinic's privacy policy and have had the opportunity to review this policy. By giving the clinic my email address, I authorize them to contact me by email with periodic wellness tips and clinic updates. I understand that my email will not be shared with other organizations and I may unsubscribe at any time by emailing "stop" wellnessfamilycare@gmail.com

I give my permission to participate in photographs taken during a class, and that this photograph may be used in office promotions including flyers and the web site www.WellnessFamilyCare.com

I understand if I am knowingly recently exposed to COVID, test positive, or experience symptoms of COVID without testing negative, I should not come to class. If I contact the studio before 5 pm that day, then I will receive credit for that class in the next series _____ (initial)

I confirm that I have read and understood the above advice and the information that I have given is correct.

Signed _____ (print name) _____ Date _____