



Introduction Form and Waiver

Tell us about yourself (we promise to keep your information confidential, we don't like junk mail either):

Name: _____

If you have taken a yoga class before, where did you take it (check all that apply)

Postal Code: _____

- Yoga Passage
- Yoga Studio
- Yoga Haven
- Spa Lady
- Yoga Studio JCC
- Calgary Yoga Shala
- Other: _____
- Heritage Club
- Yoga Gateway
- Dhan Yoga
- Heavens
- WHC
- Simple Yoga

Phone: _____

Email: _____

Yes, I would like to receive the monthly yogadotcalm newsletter by email.

Birthday (mm/dd/yy) : ____/ ____/ ____

Where did you hear about us?

Gender: Female Male

- Flyer
- Internet
- Word of Mouth
- Other: _____
- Community Newsletter
- Sign
- Car

Guidelines:

- be on time for class (come 5-10 minutes early to sign in)
- if you are pregnant or have serious health concerns (such as high blood pressure, recent surgery, or **joint injury, be sure to inform** your teacher BEFORE class.
- please turn off cell phones and beepers, avoid perfumes and colognes
- leave competitiveness at the door

Mission Statement

yogadotcalm's mission is:

- to teach Ashtanga yoga in a safe, friendly and fun atmosphere
- to build a healthy yoga community in which both students and teachers are proud to belong

Participant Risk Acknowledgement, Release, Waiver of Claim and Assumption of Risk

I agree and acknowledge that:

1. I will abide by the guidelines (above) of yogadotcalm (954573 Alberta Ltd., "Studio", hereafter)
2. I will inform the instructor of pregnancy, any injury, or illness (including heart problems)
3. I freely and voluntarily assume any risks and hazards, and accordingly, my participation shall be at my own risk.
4. I waive any claim I may have against the Studio and its yoga instructors arising from my participation and agree to indemnify and save harmless the Studio and its yoga instructors for any claim, including any claim for medical services arising from my participation.
5. This "Release, Waiver of Claim, and Assumption of Risk" is binding on myself, my heirs, my executors, administrators, personal representatives and assigns.

Dated at Calgary, Alberta this _____ Day of _____, 20____

Signature of Participant or Legal Guardian (if under 18)

Name (please print)