

YOGA NORTH

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Registration Form

PLEASE PRINT

Name: _____

Address: _____

City: _____

Postal Code: _____

Primary Phone Number: _____

Mobile / Work Phone Number: _____

Emergency Contact Name: _____ Number: _____

Email Address: _____

Do you wish to receive regular EMAIL updates about Yoga North's schedules and activities? (please circle one)

Yes No

Do you currently have any injuries, illnesses or conditions your teacher should know about? E.g., high blood pressure, pregnancy, joint problems, etc.

Which Level/class will you normally be attending? _____

How did you hear about Yoga North? _____



Regarding the use of personal information:

Yoga North is covered by The Personal Information Protection and Electronic Documents Act (PIPEDA) and complies with its requirements for the collection and use of personal information.

Waiver of Liability

Please read, and then sign below:

I understand that yoga classes and practicing yoga may involve inherent risks, including the risk of physical injury.

In consideration of Yoga North accepting this registration, I release and hold Yoga North harmless from any claim, including a claim for damages, that arises out of an injury to me or damage to or loss of property (incurred at any time and place) while I am

- practicing yoga
- attending or participating in Yoga North classes or workshops
- attending other events or meetings to which this registration applies.

This release is made for myself, for the executor or administrator of my estate, my heirs and assigns. This release applies even when injury, loss or damage has occurred because of negligence by Yoga North. In this release, the term "Yoga North" means Yoga North and includes any partner, employee, teacher, visiting teacher or agent of Yoga North.

I have read this document carefully. I understand that signing this document may affect my legal rights, including the right to sue.

Signature of Registrant

Date: _____