



CLASS ENROLLMENT FORM

Welcome to **PranaShanti!** Please complete this form before your first visit. Thank you.

Full Name: _____
Last *First* *M.I.*

Home Phone: () _____ **Work Phone:** () _____

Address: _____
Street Address *Apartment/Unit*

City *Prov.* *Postal Code*

Date of Birth: ____ / ____ / ____ (MM/DD/YYYY) **Are you a Student?** _____
School *Program expiry*

Provide us with your birth date and e-mail for a free yoga class on your birthday!

E-mail Address: _____

May we send you information about events and specials? Yes No

How did you hear about *PranaShanti*®? Family/Friend/Colleague Teacher Print Media Internet

Do you have any existing medical conditions that your teacher should be aware of?

Emergency Contact:

Full Name: _____
Last *First* *M.I.*

Home Phone: () _____ **Work Phone:** () _____

Relationship: _____

Release of Liability:

I acknowledge that it is my duty to exercise care for the protection of others and myself while attending classes and events at *PranaShanti*® Yoga Centre. I have received advice from my doctor that I am capable of physical exercise such as provided by *PranaShanti*® Yoga Centre and its Teachers or I assume the risk of exercising without a doctor's examination.

I understand that yoga may be physically strenuous and I voluntarily participate with full knowledge that there is a risk of personal injury, property loss, or otherwise. I assume all of the risks and accept personal responsibility for any and all damages resulting from these activities. For myself, my heirs, assigns, and representatives, I release, waive, discharge, and will not make claims against *PranaShanti*® Yoga Centre, *PranaShanti*® Inc., its members or its Teachers respecting any and all demands, losses, or damages on account of personal injury, including death or damage to property arising from negligence or otherwise. I agree that *PranaShanti*® Yoga Centre/*PranaShanti*® Inc. is in no way responsible for the safekeeping of my personal belongings while I attend a class or event.

Signature: _____ **Date:** _____

Parent/Guardian Signature if under 18: _____ **Date:** _____