



## CLASS ENROLLMENT FORM

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

Full Name: \_\_\_\_\_  
*First* *Last* *M.I.*

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit*

\_\_\_\_\_ *City* *Prov.* *Postal Code*

E-mail Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD) Are you a Student? \_\_\_\_\_  
*School* *ID# & Expiry*

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

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: \_\_\_\_\_  
*First* *Last* *M.I.*

Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

### 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, exposure to, transmission of, or infection with COVID-19, 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: \_\_\_\_\_

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