

***body*poetry**

f i t n e s s  s t u d i o

a studio for the mind, body and soul

#7 Broadway Street West, Yorkton, SK S3N 0L3 (306)786-1999

Registration Form

Name: _____

Phone #: h) _____ wk) _____

Email: _____

Would you like to be on our email list? Yes No

Emergency Contact: _____ Phone #: _____

Birth Date: _____

Classes Enrolled In:

Yoga: Multi Level Beginner Vinyasa Aroma Yoga On-going Yoga
Play and Move Yoga for Youth

NIA Pilates Dance Other: _____

Do you have any past or present health concerns our instructors should know about? _____

How did you hear about us? _____

Signature

Date

Guardian Signature (under 18)

Date

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Consent Form

I, _____, declare that I intend to use or participate in services and programs offered by Body Poetry Fitness Studio and I understand that each person, myself included, has a different capacity for participation in such programs/services. I assume full responsibility during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I may receive.

I understand that part of the risk involved in undertaking any activity of the program is relative to my own state of fitness or health (physical, mental, emotional) and the awareness, care and skill with which I conduct myself in that activity, service/program. I acknowledge that my choice to participate in any activity, service/program, brings with it the assumption by me of those risks or results stemming from this/these choice(s) and the fitness, health, awareness, care and skill that I possess and use. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any program and I realize that I should do so upon recognition of any discomfort or any state in which I feel uncomfortable.

I further understand that the activities, programs/services offered are sometimes conducted by an individual who may not be licensed or registered instructors or professionals. In addition, I acknowledge that I have inquired about the nature of any activity, program or services that I am not completely familiar with and I have been informed of any inherent risks.

You (the consumer) may cancel this contract at any time within fourteen days after you signed it by serving us with notice to that effect. The notice may be served personally or may be delivered at or sent by the registered mail to our address. In this case of service by registered mail, the day on which the notice was served will be the date of the postmaster's receipt for the envelop containing the notice. If cancellation is received after the 14 days, a \$20 administration fee will be retained along with a pro-rated amount of money for number of classes attended.

I declare that I have read, understood and agree to the terms and contents of this INFORMED CONSENT AGREEMENT in its entirety.

Participant Name

Signature

Guardian (under 18 years)

Signature

Date

Release:

I hereby release Body Poetry Fitness Studio from any liability with respect to damage or injury that I may suffer during participation in the fitness activities except where the damage or injury is caused by the negligence of the staff within the scope of their duties.

Name

Signature

Date