

PLEASE REGISTER BEFORE YOGA CLASS

Name:		Best number to reach you:
Special conditions that might affect my practice: <input type="checkbox"/> I am pregnant (_____wks/mos) <input type="checkbox"/> I have a heart condition Details: <input type="checkbox"/> I have other conditions, concerns or injuries that I feel might affect my participation in yoga. Details: <input type="checkbox"/> My doctor might be concerned about my participation in yoga.	Please add me to these email lists... <input type="checkbox"/> Yoga Schedule Updates (new classes, changes etc) <input type="checkbox"/> Sacred Space Events (workshops, retreats, etc) <input type="checkbox"/> Heart Full Living Updates	My email:
	Yoga experience... <input type="checkbox"/> I practice regularly STYLES of yoga: _____ <input type="checkbox"/> I have minimal experience <input type="checkbox"/> This is my first yoga class	
Today I am purchasing...		
90 min Chakra Yoga Classes <input type="checkbox"/> \$110: PUNCH CARD (8 classes) <input type="checkbox"/> \$17: DROP-IN (1 class)	30 min Silent Morning Meditation Classes <input type="checkbox"/> \$80: PUNCH CARD (8classes) <input type="checkbox"/> \$10: DROP-IN (1 class)	

1. **PREPAYMENT** of cash or cheque is heart-fully requested.
2. **TAXES** are included.
3. **CHEQUES** payable to **BRENDA CHMELYK** (receipts provided on request)
4. **PUNCH CARDS** are processed by taking attendance at the beginning of each class.

Waiver of Responsibility

- **Brenda Chmelyk & REAL Focus Training Co.** are not responsible for any damages or personal injuries to any person participating in this Yoga Program. I agree to inform the instructor of any medical conditions, physical ailments or disabilities that may be aggravated by yoga practice so that a variation of the exercise can be offered. If the practice aggravates a pre-existing condition, I agree to stop the practice & notify the instructor immediately so that all efforts can be made to ensure my safety while participating. Yoga is not a substitute for medical attention, examination, diagnosis or treatment.

I understand that I am 100% responsible for myself & my decision to practice yoga and I agree to work at my own pace. I confirm with my signature below that I understand the above waiver of responsibility:

Signature

Today's Date

The Sacred  Space

10607 - 101st Ave, Fort St John, BC