

PLEASE REGISTER BEFORE YOGA CLASS

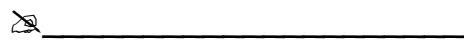
My Name:		Best number to reach me at:							
Special conditions that might affect my practice: <input type="checkbox"/> I am pregnant (_____wks/mos) <input type="checkbox"/> I have a heart condition Details: <input type="checkbox"/> I have other conditions, concerns or injuries that I feel might affect my participation in yoga. Details: <input type="checkbox"/> My doctor might be concerned about my participation in yoga.		My email address: Please indicate which email updates you would like to receive: <input type="checkbox"/> Yoga Schedule Updates (new classes, changes etc) <input type="checkbox"/> Sacred Space Events (workshops, retreats, etc) Become a fan of the Sacred Space on FACEBOOK to keep informed of happenings. Yoga experience... <input type="checkbox"/> I practice regularly STYLES of yoga: _____ <input type="checkbox"/> I have some yoga experience <input type="checkbox"/> This is my first yoga class							
Today I am purchasing... <table border="0"> <tr> <td><input type="checkbox"/> 90 min Chakra Yoga Classes</td> <td><input type="checkbox"/> Yoga Nidra Meditation</td> </tr> <tr> <td><input type="checkbox"/> \$110: PUNCH CARD (8 classes)</td> <td><input type="checkbox"/> \$20: DROP-IN (1 class)</td> </tr> <tr> <td><input type="checkbox"/> \$17: DROP-IN (1 class)</td> <td><input type="checkbox"/> Other class: _____</td> </tr> </table>				<input type="checkbox"/> 90 min Chakra Yoga Classes	<input type="checkbox"/> Yoga Nidra Meditation	<input type="checkbox"/> \$110: PUNCH CARD (8 classes)	<input type="checkbox"/> \$20: DROP-IN (1 class)	<input type="checkbox"/> \$17: DROP-IN (1 class)	<input type="checkbox"/> Other class: _____
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1. **PREPAYMENT** of cash or cheque is heart-fully requested. (**TAXES** are included.)
2. **CHEQUES** payable to **BRENDA CHMELYK** (receipts provided on request)
3. **PUNCH CARDS** are processed by taking attendance at the beginning of each class.

Waiver of Responsibility

- **Brenda Chmelyk, REAL Focus Training Co. & The Sacred Space** 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