

demographics

the loft.

NAME: _____

AGE: _____

BIRTH DATE: ____/____/____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

HOW DID YOU HEAR ABOUT US?: _____

HAVE YOU ATTENDED ONE OF OUR CLASSES BEFORE? _____

Preparation

PARKING IS AVAILABLE ON THE EAST SIDE OF THE BUILDING. IF THOSE LOTS ARE FULL THERE IS ALSO STREET PARKING.

PLEASE ARRIVE 15 MINUTES EARLY FOR YOUR FIRST VISIT SO OUR INSTRUCTORS CAN HELP YOU GET SETTLED AND ANSWER ANY QUESTIONS YOU MAY HAVE

DON'T FORGET TO BRING A FULL WATER BOTTLE AND YOGA MAT. WE ALSO HAVE MATS AVAILABLE IF NEEDED. WE HAVE CUBBIES INSIDE THE STUDIO FOR YOUR BELONGINGS.

WE HAVE A PRIVATE CHANGE AREA HOWEVER THERE ARE NO SHOWER FACILITIES AVAILABLE.

WE HAVE A LIMITED NUMBER OF SPOTS FOR EACH CLASS, SO TO ENSURE YOUR SPOT - PLEASE BOOK AHEAD OF TIME.

PLEASE NOTE THAT THERE IS A 50% FEE FOR LATE CANCELLATIONS, AND 100% FOR NO SHOWS

THIS PRACTICE IS FOR EVERYBODY. OUR INSTRUCTORS WILL GUIDE YOU THROUGH ONE STEP AT A TIME.

liability waiver

the loft.

I UNDERSTAND THAT YOGA/FUNCTIONAL STRENGTH CLASSES INCLUDE PHYSICAL MOVEMENTS AS WELL AS AN OPPORTUNITY FOR RELAXATION, STRESS RE- EDUCATION AND RELIEF OF MUSCULAR TENSION. AS IS THE CASE WITH ANY PHYSICAL ACTIVITY, THE RISK OF INJURY, EVEN SERIOUS OR DISABLING, IS ALWAYS PRESENT AND CANNOT BE ENTIRELY ELIMINATED.

IF I EXPERIENCE ANY PAIN OR DISCOMFORT, I WILL LISTEN TO MY BODY, DISCONTINUE THE ACTIVITY, AND ASK FOR SUPPORT FROM THE INSTRUCTOR. I WILL CONTINUE TO BREATHE SMOOTHLY. I ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, WHICH MAY INCUR THROUGH PARTICIPATION.

THIS CLASS IS NOT A SUBSTITUTE FOR MEDICAL ATTENTION, EXAMINATION, DIAGNOSIS OR TREATMENT. IN ADDITION, I WILL MAKE THE INSTRUCTOR AWARE OF ANY MEDICAL CONDITIONS OR PHYSICAL LIMITATIONS BEFORE CLASS. IF I AM PREGNANT, BECOME PREGNANT OR I AM POST-NATAL OR POST-SURGICAL, MY SIGNATURE VERIFIES THAT I HAVE MY PHYSICIAN'S APPROVAL TO PARTICIPATE. I ALSO AFFIRM THAT I ALONE AM RESPONSIBLE TO DECIDE WHETHER TO PRACTICE YOGA/ FUNCTIONAL STRENGTH AND PARTICIPATION IS AT MY OWN RISK. I HEREBY AGREE TO IRREVOCABLY RELEASE AND WAIVE ANY CLAIMS THAT I HAVE NOW OR MAY HAVE HEREAFTER AGAINST THE LOFT AND THE INSTRUCTOR.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE TERMS OF THIS LIABILITY WAIVER AGREEMENT. I AM SIGNING THIS AGREEMENT VOLUNTARILY AND RECOGNIZE THAT MY SIGNATURE SERVES AS COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW IN THE PROVINCE OF ALBERTA.

CLIENT SIGNATURE: _____

CLIENT NAME: _____

DATE: _____

PROVIDER SIGNATURE: _____

PROVIDER NAME: _____

DATE: _____