

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone (hm) \_\_\_\_\_ Phone (alternate) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Date of birth \_\_\_\_\_  
Month/Day/Year

Email \_\_\_\_\_ Sex : Male / Female How did you hear about us? \_\_\_\_\_  
Please Circle

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY - PLEASE READ CAREFULLY**

I understand that Blue Door Yoga Room is here to provide an environment for interested persons to learn and practice Yoga (a system of body movement and exercise that can be strenuous) combined with techniques for relaxation. I agree to take full responsibility for not exceeding my personal physical limits in the practice of Yoga, and I agree to assume the risk for any injury I might incur during my participation in any class or activity involving Blue Door Yoga Room. It is my responsibility to ascertain there is no medical reason to prevent my participation in the practice of Yoga. As consideration for being allowed to participate in any classes or activities at Blue Door Yoga Room or off-premise locations (to include, but not limited to, workshops and retreats), I release Blue Door Yoga Room, its owners, instructors, or any other person or entity in any way involved therewith from any and all claims arising out of my participation. I waive and give up any claim that I might have at any time for injury of any sort against Blue Door Yoga Room, its owners, instructors, or any other person or entity in any way involved therewith.

**PURCHASE TERMS AND CONDITIONS - PLEASE READ CAREFULLY**

You have made a commitment to your health and a new way of life with this purchase and any further purchases here at Blue Door Yoga Room. We at Blue Door Yoga Room encourage you to remain on this path and we would like to offer a reminder of the following terms and conditions. If you have purchased a 5,10, or 20 class pass it expires 1 year from the date of activation. There are no exceptions to this expiry date and no transfer of passes to another member. If you have purchased an unlimited package please note your expiry date in relation to the unlimited package purchased. There are no extensions or exceptions. If you have pre-registered or registered for a course, the registration is valid for the course only and the dates of the current course. Classes cannot be carried over into another course. You can make up one missed class only on our drop in schedule within the registered course dates. If you wish to cancel your attendance at a course or workshop for which you are enrolled we require 7 days notice for a full refund. From 6 to 2 days prior to the course or workshop a 50% administration fee will apply. For cancellation 24 hours or less there will be no refund. If you have purchased a product, all sales are final and there are no refunds or exchanges.

I UNDERSTAND THAT NO REFUNDS OR EXCHANGES WILL BE ISSUED TO ME FOR THE SERVICES PROVIDED TO ME OR THE PRODUCTS SOLD TO ME BY BLUE DOOR YOGA ROOM. I UNDERSTAND THAT THE PROGRAMS PROVIDED TO ME BY BLUE DOOR YOGA ROOM ARE NON-TRANSFERABLE AND THAT NO EXTENSIONS TO PACKAGES WILL BE GRANTED.

I have carefully read this ASSUMPTION OF RISK AND RELEASE OF LIABILITY & this PURCHASE TERMS AND CONDITIONS, and fully understand and agree with its terms.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed (Guardian) \_\_\_\_\_  
If under the age of 18 years

Please list any physical conditions (surgery, illness, injury, disability, etc.):

\_\_\_\_\_

Do you know of any reasons that you should not do physical activity?

\_\_\_\_\_

FOR OFFICE USE ONLY				
<input type="checkbox"/> Single Class	\$ _____	_____ – Week session	\$ _____	Comments:
<input type="checkbox"/> 5 Class Pass	\$ _____			
<input type="checkbox"/> 10 Class Pass	\$ _____			
<input type="checkbox"/> 20 Class Pass	\$ _____			
<input type="checkbox"/> _____	\$ _____			

### Physical Activity Readiness Questionnaire (PAR-Q)

Please read over carefully and then answer the following questions:

YES	NO	
		1. Has your doctor ever said that you have a heart condition and that you should do only physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lose consciousness?
		5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		7. Do you know of any other reason that you should not do physical activity?

**If you answered YES to one or more questions:**

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active. Tell your doctor about the PAR - Q and which questions you answered YES. You may be able to do any activity you want - as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow your doctor's advice. You can also find out which programs are safe and helpful for you.

**If you answered NO to all questions:** You can be reasonably sure that you can start becoming much more physically active. Begin slowly and build up gradually - this is the safest and easiest way to go.

**You should delay becoming much more active if:** you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; **or** you are or may be pregnant - talk to your doctor before you start becoming more active.

**Please note:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Please list any physical conditions not listed above (surgery, illness, injury, disability, etc.):

\_\_\_\_\_

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Please Print

Signature of parent or guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_