

PRENATAL Yoga Registration Information and Waiver

Welcome to Arrive Yoga & Mindfulness Centre! Please fill out the form completely and inform us of any changes. Please print clearly. **ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL.**



Full Name:	
Phone:	
Email:	
<input type="checkbox"/> Please indicate by checking this box if you agree to receive information electronically from Arrive Yoga & Mindfulness Centre via your email address. You can withdraw your consent at any time by notifying us.	
General Background	
How did you first hear about Arrive Yoga & Mindfulness Centre?	
Have you participated in Yoga classes in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, how long ago and what style of Yoga were you practicing (if you know)?	
What is your occupation?	
Which of the following best describes your daily activity level? <input type="checkbox"/> Inactive <input type="checkbox"/> Lightly Active <input type="checkbox"/> Very Active	
Please indicate any physical or health concerns (occurring now or in the past) that your instructor should be aware of. Note any physical injuries or pain.	
Please describe any complications or unique changes to your physical or mental health during this pregnancy that your instructor should be aware of.	
Name of Doctor/Midwife and Phone Number	
Estimated Due Date	
EMERGENCY CONTACT	
Name:	Phone: Relationship to Student:

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS

In consideration of ARRIVE YOGA & MINDFULNESS CENTRE permitting the individual named below ("I" or "me") to participate in yoga classes at the Arrive Yoga & Mindfulness Centre studio (the "Activities"), and for other good and valuable consideration, I agree to all the terms and conditions set forth in this agreement.

I am aware and understand that the Activities involve risks, including but not limited to the risk of physical injury. I acknowledge that I am voluntarily participating in the Activities and understand that I should use caution and only practice to my own comfort level. **I will discontinue any exercise that causes pain or discomfort.** My Doctor is aware that I am participating in a Yoga program.

I am aware and understand that in order to properly teach and correct yoga technique and to prevent injury, physical contact between instructor and student may be necessary. I consent to such contact as is considered necessary by the instructor for the purpose of teaching and correction. Arrive Yoga & Mindfulness Centre undertakes to ensure that such contact is applied in a professional manner.

I hereby assume all risk of injury or damage to my property during the program of physical activity, or incidental thereto, howsoever and wheresoever occurring. I hereby expressly waive and release Arrive Yoga & Mindfulness Centre and its affiliates, employees, agents and representatives from any and all claims and demands or liabilities which I have or may have in the future for any injury to my person or to my property in any way arising out of or incidental to my participation in, or presence during, said Activities. The above information, to the best of my knowledge, is correct.

I have read the Policies of Arrive Yoga & Mindfulness Centre as outlined and agree to abide by them.

SIGNATURE: _____

DATE: _____
(month/day/year)