

# CLIENT REGISTRATION FORM

(Please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State/Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us? : \_\_\_\_\_

On behalf of David Gellineau, teachers and staff past, present and future of the Beach Yoga Centre, we wish to welcome you to our studios. We hope that your yoga experience here is enjoyable and that yoga will become an integral part of your life as it has ours. Yoga, however, is a physical activity and even with the best of intentions injuries may result, discomfort may occur or prior conditions may be aggravated. Please take responsibility for your own body. Practice with awareness and care and do not let any person or situation push you beyond your capabilities. If you are pregnant or have a medical condition, i.e. low blood pressure, heart condition, or previous or current injuries please let your teacher know prior to the class. We ask that you sign the waiver form as a mutual expression of good faith.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

**PLEASE READ CAREFULLY**

TO: DAVID GELLINEAU AND THE BEACH YOGA CENTRE

I am aware that yoga is a physical activity and I could injure a part of my body or trigger or exacerbate any medical condition I may already have, such as a heart condition, asthma, blood pressure, pregnancy or any other medical condition, which may be affected by performing breathing exercises or from the performance of yoga postures.

I FREELY ACCEPT AND FULLY ASSUME ALL PHYSICAL RISKS TO MY BODY OR MY HEALTH WHICH MAY ARISE FROM MY TAKING YOGA CLASSES, INCLUDING THE RISKS OR HEALTH HAZARDS REFERRED TO ABOVE AND I FREELY ACCEPT AND FULLY ASSUME THE POSSIBILITY OF PERSONAL INJURY OR LOSS RESULTING THEREFROM.

I agree to waive any and all claims that I have or may have in the future against David Gellineau, the Beach Yoga Centre and as well as its teachers and teaching assistants and to release David Gellineau, the Beach Yoga Centre, as well as its teachers and teaching assistants, from any and all liability for any personal injury or injury to my health or consequential loss I may suffer or that my next of kin may suffer on my behalf, arising out of or as a result of my doing yoga including negligence on the part of David Gellineau, the Beach Yoga Centre, as well as its teachers and teaching assistants or breach of any statutory or other duty of care, including any duty of care owned under the Occupiers' Liability Act, R.S.O. 1990, c. 0.2. or the part of any of them.

And further I agree to hold harmless and indemnify David Gellineau, the Beach Yoga Centre, as well as its teachers and teaching assistants from any and all liability which may arise out of or result from any personal injury or injury to my health or resulting or consequential damages there from and this Release shall be effective and binding upon my heirs next of kin, Executors, Estate Trustees, Administrators and Assigns and Representatives.

**I HAVE READ AND UNDERSTOOD THIS RELEASE PRIOR TO SIGNING IT AND I AM AWARE THAT BY SIGNING IT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY CHILDREN OR MY HEIRS OR NEXT-OF-KIN, EXECUTORS, ESTATE TRUSTEES, ADMINISTRATORS, ASSIGNS OR REPRESENTATIVES MAY HAVE AGAINST DAVID GELLINEAU, THE BEACH YOGA CENTRE, AS WELL AS ITS TEACHERS AND TEACHING ASSISTANTS.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
year month day

I, \_\_\_\_\_ hereby agree to the above terms and conditions.

beach yoga centre

# CLIENT MEMBERSHIP FORM

(Please print clearly)

## Membership Terms & Conditions:

The Beach Yoga Centre Membership Plan is provided as an automatic, monthly deduction from your credit card or bank account. Membership automatic deductions cannot be frozen or paused for any period of time.

## Membership Fees:

The Membership Agreement between a Member and Beach Yoga Centre (the "Studio") is on a monthly basis at a rate of \$99.00 per month payable on the date of activation for each month of the membership. Members are entitled to unlimited drop-in classes, and 10% off selected workshops. Applicable sales tax will be added to all fees (eg. 13% HST).

## Cancellation Policy:

Membership may be cancelled at any time, after 6 months commitment. Notice of cancellation will entitle the Studio to charge one additional Monthly Fee. Membership privileges will continue throughout the term of the additional month charged. You may cancel at any time; one additional payment will be deducted after your cancellation and your membership will remain valid for another month after this final payment.

## Terms and Conditions:

The Member agrees to allow the Studio to charge his/her credit card or to process a pre-authorized withdrawal for the purpose of his/her membership fees pursuant to the Membership Agreement. Member acknowledges that a charge of \$50.00 will be made for any withdrawals not completed due to insufficient funds. The Studio may change the membership fee under the Membership Agreement with 30 days notice. It is expressly understood and agreed that the Membership Agreement is not assignable or transferrable by Member and no rights or privileges granted by the membership can be transferred or assigned by Member. Member agrees to keep and obey all rules and regulations now in force or in the future prescribed by the Studio, for the use of the Studio facilities, premises and equipment therein. The Studio reserves the right to revoke a Membership Agreement if the Member fails to keep and obey any of such rules and regulations.

## Payment Info:

Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Credit Card #: Name on Card: Expiry Date:    /        /        CSV:	<b>Or Pre-Authorized Payment (attach void cheque)</b>
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Date:    /        /         
          year   month   day

Print Full Name: \_\_\_\_\_.

I, \_\_\_\_\_ hereby agree to the above terms and conditions.

Witness: \_\_\_\_\_

<b>Office Use Only:</b> Date of entry:    /        / year   month   day Name: _____
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