



Michelle Yoga  
2674 Capital Hts  
Victoria, BC V8T 3M2  
info@michelleyoga.com  
michelleyoga.com

## Waiver & Contract

Date:

Name:

Birthday:

Address:

Email:

Phone:

Emergency Contact & Phone:

Have you practiced Yoga before?  Y  N

If yes, for how long?

How often do you practice?

What style(s) of Yoga do you practice?

How did you hear about Michelle Yoga?

What are your 3 main priorities of your Yoga education?

SIGNATURE & DATE:

### Studio Policies

To help respect our neighbors and limit the impact of the studio, please **park a two minute walk away** from the studio.

All **group classes require automated recurring payment** to be setup (direct deposit from a chequing account is preferred; you may also use a Visa, Visa Debit or MasterCard). Use the appropriate registration form on my website to setup payment, or supply a void cheque. Returned Items (NSF) are subject to a \$15 fee.

**Pre-authorized monthly payments will remain in effect until Michelle Yoga has received written notification (by email) of a change or termination of your account by the 15<sup>th</sup> of the month.**

There are **no refunds** for missed group or private classes, workshops, apprenticeships, retreats or teacher trainings.

**Missed classes** are eligible for make-up classes only if written notice is provided by text message, email, or written in the studio's 'missed classes daily calendar'. See instructions in the studio.

**FOR BEST RESULTS** don't eat for two hours before coming to class. **BE ON TIME.** Please don't use perfumes. Don't drink water during class, but come sufficiently hydrated. Drink extra water after class.

### **FILM/PHOTO RELEASE**

I authorize Michelle Yoga to use photos and videos of me for educational and marketing use.

INITIALS:

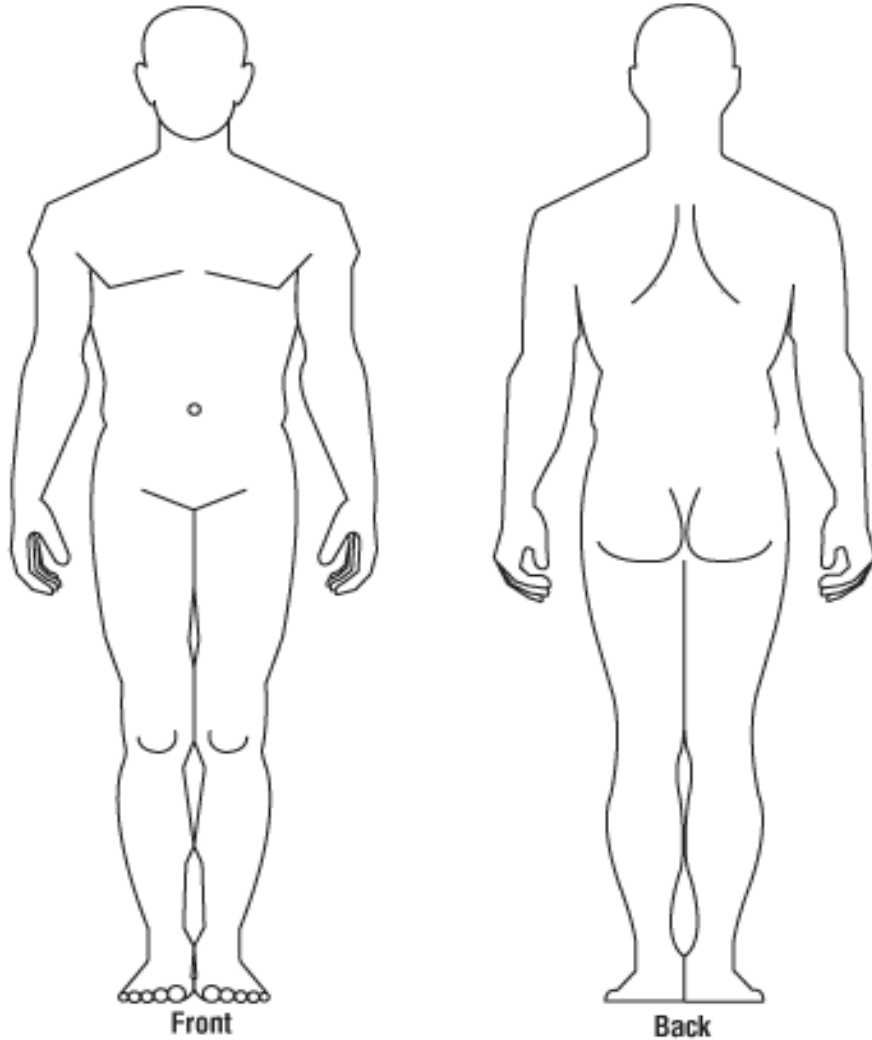
### **RELEASE OF LIABILITY**

Yoga is a personal and sensitive practice. It is possible to over do it, and even cause injury. I agree that I am personally responsible for my wellbeing while practicing with Michelle Rubin.

INITIALS:

# Medical & Physical Background

Please label, date and describe injuries, surgeries, illnesses (past/present) and areas of concern on the diagram below:



Please keep Michelle informed about your Yoga practice, injuries, illnesses, etc.

Checkmark specific health condition:

HBP  LBP

Allergies

Arthritis

Asthma

Previous Injuries

Spinal Injuries

Pregnant

Recent Surgery

Thyroid

Osteoporosis

Other:

If yes to any, please explain: