

kula

www.mykula.ca

Date: _____

STAFF USE

PAYMENT METHOD cc debit cash
Drop In Intro Karma Initials _____

FIRST NAME

LAST NAME

COMPANY NAME

HOME ADDRESS

CITY

PROVINCE

POSTAL CODE/ZIP

EMAIL ADDRESS

MEDICAL CONDITIONS (Please list any injuries or existing medical conditions)

MOBILE PHONE

HOME PHONE

WORK PHONE

BIRTHDAY MONTH DAY YEAR

EMERGENCY CONTACT INFORMATION

NAME

RELATIONSHIP

PHONE

HOW DID YOU HEAR ABOUT KULA YOGA STUDIOS?

FRIEND (Who?)

AD/PUBLICATION (Which one?)

STREET SIGN

ONLINE (Which Site?)

MAIL

EMAIL

HANDOUT (Which One?)

EVENT (Where?)

OTHER

The instruction offered by Kula Yoga Studios is limited to that of instruction in basic yoga and health. Even with clear instructions there is a possibility of injury and it is my responsibility to consult with a physician regarding my ability to participate before coming to Kula. I attest that I have no psychological, medical, or physical condition that would prevent me from safe participation in a hot or regular temperature class. I release and discharge Kula, its directors, and the yoga instructors from any and all liability, claim, demand, or action that I may have resulting from injury, death, or damages, arising from my participation in the yoga class or at the yoga studio, including loss that may be caused by the negligence of the released party. may be caused by the negligence of the released party. may be caused by the negligence of the released party. I release and discharge Kula, its directors, and the yoga instructors from any and all liability, claim, demand or action that I may have related to the loss, theft, or damage to any of my personal property from Kula premises. I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.

Memberships and class series are non-transferable

I have carefully read, fully understand and agree to the above.

DATE

IF UNDER 18 YEARS OF AGE

SIGNATURE

AS THE LEGAL GUARDIAN OF (Minor's Name)

WE CONSENT TO THE ABOVE CONDITIONS
(Signature of Parent or Guardian)

*For more information regarding your membership term and policies, visit www.mykula.ca