

Eat Grow Play ~ Om Metta Yogi

New Student Form

PLEASE TAKE A MOMENT TO FILL THIS OUT COMPLETELY – Thank you ☺

-Information collected will be kept in safe keeping to maintain confidentiality-

CONTACT INFORMATION

Full Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Email _____

Birth Date (month/day/year) _____ / _____ / _____ Gender (optional☺) _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

HAVE YOU EVER TRIED YOGA BEFORE? **Yes** **No**

HOW DID YOU FIND OUT ABOUT THE CLASS? (check all that apply)

Social Media Internet Flyer at _____ location Church Sign

Personal notification via text/email Friend name: _____

Would you be interested in receiving future notifications via text, email, or social media about future classes, series, and workshops? **Yes** **No**

Do you have any food allergies? **Yes** **No**

If yes, please indicate type: _____

Reaction: _____

Treatment: _____

SAFE PARTICIPATION

You hold the ultimate responsibility for your own wellbeing. This class/workshop program is not intended to replace professional medical advice/treatment. It is your responsibility to consult a medical professional prior to participation should you have any medical, physical, psychological, and/or other proponents that may hinder your safety in taking part in this class/workshop. If you have any doubt about your wellbeing always stop doing anything that causes you discomfort. Always avoid anything that causes you pain or injury. This yogic principle is called *Ahimsa*, meaning, “do no harm”.

Do you have any conditions (medical, psychological, spinal, pregnancy (current/recent), injuries, etc) that you would like to notify the instructor about and/or may limit your ability to safely participate?

Yes **No**

If yes, please indicate: _____

Please ensure that you are sufficiently knowledgeable about your condition and/or pregnancy to judge how to participate safely. If you are unsure, please consult with your health care provider **before** your first class regarding any uncertainties you may have about your participation, limitations, or disabilities.

** Please update if there are any changes to the above (physical condition, contact info, etc)

RELEASE OF LIABILITY (Please Read)

While we are open to accommodating most allergies and dietary restrictions, we are unable to guarantee that our facility or certain pre-packaged foods purchased are 'allergy free'. However, we do take food allergies very seriously and do our best to accommodate most allergies and dietary restrictions. For severe allergy situations, please call or email us to discuss the menu items we will be preparing during your attendance so we can find alternative options. You can reach us at 613-897-2724 or Diana@eatgrowplay.ca.

Additionally, Alisha M. Rexford, is a certified 200hr Hatha and 40hr Yin Yoga Instructor with nearly 10 years as a practitioner under many other yogic traditions including but not limited to Hatha, Gentle, Restorative, Svaroopa, Power, Ashtanga, Kundalini, Bikram, Kripalu, Yang, Yin yoga and meditation.

Yet for legal reasons we ask you to agree to the following:

In signing the below, I agree that neither Diana Steadman nor Alisha M. Rexford are in any way responsible for the safekeeping of my personal belongs and information. I further understand that classes may be physically strenuous or may include the use of cooking equipment and tools in a busy teaching kitchen environment. I voluntarily participate in them with full knowledge that there are risks of allergic reactions, personal injury, property loss or otherwise inherent in the cooking, eating, and yoga portions of the program.

I agree that neither I, my heirs, assigns, or legal representatives will sue or make any other claims of any kind whatsoever against Diana Steadman, Alisha M. Rexford, or their members for any personal injury, property damage/loss, or otherwise, whether caused by negligence or otherwise in the attendance of this workshop.

Release of Liability –

Signature: _____ **Date:** _____

(If under 18: signature of guardian _____ or letter of permission)

~ *Om Metta* ~
May you be filled with loving kindness,
May you be well,
May you be peaceful and at ease,
May you be happy
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