



Application for Registration

To register, please fill out this form and submit it through email to learntounwind@gmail.com or submit it in person to Melissa Krochak at 27 -2nd Ave N, Yorkton , Sask.

>>> **Dates: November 6th - December 16th, 2017** <<<

Located at **Unwind Hot Yoga & Fitness Studio** - 27- 2nd Ave N. Yorkton, Sask.

Select the Class Package You Choose:

___ **PRE OPENING SPECIAL for \$125.00 for 6 Weeks Unlimited (Deadline- October 31st)**

Drop In Rates: Hot Yoga/Warm Classes

- ___ \$16.00/drop in
- ___ \$70.00/5 Classes (14)
- ___ \$ 130.00/10 Classes (13)
- ___ \$240.00/20 Classes (12)

Regular Temp. Classes

- ___ \$14.00/drop in
- ___ \$ 60.00/5 Classes
- ___ \$ 110.00/10 Classes
- ___ \$200.00/20 Classes

Unlimited Classes

___ \$99.00/Monthly Unlimited for REG. CLASSES (If you don't want to attend any hot yoga classes)

___ \$119.00/Monthly Unlimited for ALL CLASSES (If you want to attend any class – warm or reg.)

For more description on classes and details visit www.unwindwithmelissa.com/yoga/classes or visit Unwind With Melissa on Facebook. Payments can be made by cash, check or e-transfer to learntounwind@gmail.com or Credit Cards are accepted with a 2% service charge.

Unwind Refund Policy: Class cards & unlimited monthly packages are non-refundable. Gift certificates purchased will be held at their face value from original purchase cost. If service prices increase before the time of use, the consumer will be responsible for the difference of the total cost. After 12 months, if the receiver of the gift card doesn't utilize it, they can gift to someone else.

Registrant Information

Name: _____

Mailing Address: _____ Postal Code: _____

Phone: _____

Birthdate: _____

E-mail: _____

Name & Phone Number of Emergency Contact: _____

Do you wish to receive newsletters on classes, upcoming specials and events?

____ YES or ____ NO

Please describe any health conditions, limitations, recent surgery or illness, allergies, medication or current medical treatment you are receiving.

How did you hear about us?

____ Friend ____ Facebook ____ Instagram ____ PAC ____ RHF ____ Ad/Article

____ Coupon ____ Walking/driving ____ Email ____ Other

YOGA & FITNESS CLASS WAIVER OF RELEASE & LIABILITY

I, (PRINT NAME) _____, AGREE TO THE FOLLOWING:

Please Indicate Agreement by Initialing Each Line:

____ The instruction offered by Unwind Hot Yoga & Fitness Studio (Unwind With Melissa) is limited to that of instruction in specified yoga, fitness classes & health education.

____ I, hereby, agree that any information given during classes are not to diagnose, prevent or treat illness or disease.

____ I desire to participate in yoga classes. I have been examined by a licensed physician in the last six months, and was found to be in good health and able to participate in all yoga exercises for which I am instructed during the course of my enrollment.

____ I attest that I have no psychological/medical/or emotional condition that would prevent me from safe participation in a yoga or fitness class.

____ I will faithfully follow all instructions given to me by the instructor(s), participate with the group to the best of my ability and rest as needed.

____ I am fully aware of and accept the inherent risk associated with any rigorous exercise program, including Yoga &/or Fitness Classes. I understand that at all times while in yoga &/or fitness classes that I am responsible for myself and will respect my body's limitations. That even with clear instruction there is a possibility of injury and it is my responsibility to consult a physician regarding my ability to participate before coming to Unwind With Melissa-Hot Yoga & Fitness Studio.

____ I will not hold UnwindWith Melissa (Unwind Hot Yoga & Fitness Studio), its owners, affiliates, instructors or employees responsible for any injuries, death or damages incurred or aggravated by any instructors while in yoga class(es) or on the premises of Unwind With Melissa or Unwind Hot Yoga & Fitness Studio, including loss that may be caused by the negligence of the released party .

____ I release and discharge Unwind Hot Yoga & Fitness Studio, its directors and its instructors from any and all liability, claim, demand, or action that I may have related to the loss, theft or damage of any of my personal property from the Unwind Hot Yoga & Fitness Studio premises.

____ I have read and understand Unwind With Melissa's (Unwind Hot Yoga & Fitness Studio) policies and agree to comply with them.

Acknowledgement – Health & Safety:

I acknowledge that the yoga & fitness instructors at Unwind With Melissa (Hot Yoga & Fitness Studio) & subcontractors (teachers) are trained in the instruction of their specific classes of yoga & fitness only. Along with their license and liability insurance. I am aware that the physical exertion required by yoga & fitness classes, and the forces exerted on the body can activate or aggravate pre-existing injuries. I am aware that some, but not all yoga & fitness classes offered, involve the practice of yoga & exercise in a heated room. I am responsible for my own health and safety.

I acknowledge and agree that for my own health and safety I must:

- Listen to and follow the directions of the instructors
- Engage in yoga positions & exercises only to the extent that I am comfortable
- Ensure that I am wearing appropriate clothing for the activity and that I am properly hydrated
- Consult with my physician prior to participating in yoga classes and seek medical advice if I know or suspect that my physical or mental condition may limit my ability to participate safely in yoga & fitness classes conducted in a heated room between (30 -38 degrees Celsius)

Assumption of Risk:

I am aware of the risks, dangers, and hazards associated with exercise and in particular with the practice of yoga in a heated room. I acknowledge that the floor and my mat can become slippery in a heated room. I accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, damage, or loss resulting therefrom.

I have read this agreement and fully understand its content and meaning and sign it of my own free will.

DATE

SIGNATURE

SIGNATURE OF PARENT OR GUARDIAN (if under 18)

Contact Information:

Melissa Krochak

27-2nd Ave N. Yorkton, Sask.

Phone: 306.516.7278 Email: learntounwind@gmail.com