

Course Registration Form

Personal Information will not be shared with any other parties

First:

Last:

Address:

City: Postal Code:

Phone:

eMail:

COURSE INFORMATION

Course Name:

Course Date:

Payment Information

Course cost: \$

GST \$

Total \$

Cash: Cheque: #

Would you like to receive our e-newsletter?

Yes

No

Risk Waiver & Consent Form:

I recognize that risk of injury or potential health risk may be involved in participation in the above-named program/activity. I hereby willingly assume such risk of injury or health risk for myself and my participation in the program/activity. In consideration of the acceptance of my application and permission to participate in the program/activity, I for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE, WAIVE AND FOREVER DISCHARGE P3 Yoga & Pilates, all other organizations, associations and companies associated with any of the programs offered by P3 Yoga & Pilates, and all their respective agents, employees, officials, contractors, representatives, elected and appointed officials, and assigns OF AND FROM ALL claims, demands, damage costs and actions whatsoever and however caused, arising to or to arise by reason of my participation in the program or any of its associated activities.

Signature: _____

Cancellation Policy: Refunds are only given in the rare case of course cancellation due to low enrollment, or in documented emergencies in which case a \$50.00 administration fee will apply; otherwise, if you can't attend a course you will be given a credit for a future course of your choice.

Initial: _____

