



YOGAFLOW STUDIO INC. AFTER SCHOOL YOGA PROGRAM

Please complete this form and email it to info@yogaflowstudio.ca

Date: _____

Child(ren) Name: _____

Child(ren) birthdate: _____

Parent Name: _____

Address: _____

Parent Phone #: _____

Email: _____

School: _____

Desired Schedule:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Child's School let out time: ____:____ PM

Child(ren) Grade: _____

Classroom Number: _____ (if known)

I, (Parent name) _____ understand that by signing this form I agree to having my child enrolled in Yogaflow Studio After School Yoga Program. I also agree that all policies, procedures, and program fees are still effective and any posted changes to the



regulations will be effective at the signing date of this contract. I understand that by requesting a different availability for my child (part time vs full time, different days, etc.) I will not be automatically granted those changes and that they are subject to approval before renewal of enrollment.

Parent Name

Parent signature



PRE-AUTHORED PAYMENT (PAP) AUTHORIZATION FORM

Last Name: _____ First name: _____

Child(ren) Name: _____

Phone #: _____

Address: _____

Pre-authorized Debit (PAD) Agreement

These services are for (check one): Personal _____ Business _____

I authorize Yogaflow Studio Inc. to debit my bank account **(ATTACH COPY OF VOID CHEQUE)**
for the amount (please check one):

5 days per week \$595 plus GST _____

4 days per week \$495 plus GST _____

3 days per week \$375 plus GST _____

2 days per week \$265 plus GST _____

1 day per week \$140 plus GST _____

Financial Institution Number: _____ (3 digit)

Branch Transit Number: _____ (5 digit)

Account number: _____

I may revoke my authorization at any time in writing, subject to providing cancellation notice of at least thirty (30) days.

A service charge of \$40.00 will be applied to any declined pre-authorized payment chargebacks



Account Holder Name: _____

Account Holder Signature: _____

Date signed: _____

TRANSPORTATION AUTHORIZATION

Child(ren): _____ Age: _____

Parent name: _____

☐

Yogaflow Studio is ALLOWED to transport my child(ren) in a vehicle

☐

Yogaflow Studio is NOT ALLOWED to transport my child(ren) in a vehicle

Parent Signature

Date



PICK UP AUTHORIZATION FORM

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Authorization Form. Please complete the form at the bottom of this page and return it along with your registration form. If this form is not thorough and complete, we Yogaflow Studio will not release your child to anyone who you have not included on this Pick-Up Authorization Form. All of the precautions for releasing students are to ensure the safety of your child and are not meant to cause intentional inconvenience for parents. We very much appreciate your understanding and cooperation with our policies regarding student pick up.

If the pick up person is someone not on your list, we will require an email to be sent to info@yogaflowstudio.ca before the end of your child's class with your signature authorizing the non-listed person to pick up. A follow up phone call will be made to parents confirming the written authorization. We cannot accept phone call pick up changes if it will be someone not on your authorized list. You will be notified immediately if someone NOT on your list comes to pick up your child and we have not received a written note with your authorization. Picture ID is required for all individuals picking up your child. Please notify the people on your list that photo ID will be requested by the Program Manager prior to releasing your child. This also applies to anyone you authorize in a written email to pick up your child. If a spouse or child of a person listed below comes in to pick up your child, we WILL NOT release the child to that person. Your child will only be released to the person names on your list and after verifying the person with their picture ID. We know that emergencies and unusual situations happen, however we ask that you please try to restrict the people who pick up your child to the ones on the Pick Up Authorization Form.

If changes need to be made to this list during the course of the school year, please speak to the Program Manager to complete a new form.

Student Name: _____



Parent/Guardian Name: _____

Telephone Number: _____

I authorize the persons listed below to pick up my child(ren) from Yogaflow Studio. Please include names of both parents or guardians on this list.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

By signing below, I verify that I have read and agree to the Student Pick-Up policies described on the Pick Up Authorization Form, and authorize Yogaflow Studio to release my child(ren) to the above listed persons.

Parent Signature: _____ Date: _____



**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT FOR
USE OF EXERCISE EQUIPMENT**

WARNING! BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEAGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE
READ CAREFULLY!

NAME(S) OF MEMBER: _____

DISCLAIMER CLAUSE

Yogaflow Studio Inc., its officers, directors, agents, contractors, employees, and representatives (all hereafter collectively referred to as "the Studio") are not responsible for any injury, loss or damage of any kind sustained by any person while participating in classes and/or using the exercise equipment ("equipment") located upon the premises of the Studio or owned by the Studio, including injury, loss or damage which might be caused by the negligence of the Studio.

DESCRIPTION OF RISKS

In consideration of my participating in the classes and/or use of the exercise equipment, I acknowledge that I am aware of the possible risks, dangers and hazards associated with my participation in the classes and use of equipment including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to the following:

- a) physical injuries (e.x. abrasions, hematomas, rasbes, infections, broken bones, sprains and concussions);
- b) emotional effects of injuries;
- c) death.

PHOTOGRAPHY AND VIDEO

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings with an unrestricted geographic area.

INDEMNIFICATION

In consideration of the Studio allowing me to participate in the classes and/or use the equipment I agree:



1. TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with or related to my participation in classes and/or use of the equipment even though such risks may have been caused by the negligence of the Studio;
2. TO BE SOLELY RESPONSIBLE FOR ANY INJURY, LOSS OR DAMAGE which I might sustain by participating in classes and/or using the equipment, even though injury, loss or damage may have been caused by the negligence of the Studio;
3. TO HOLD HARMLESS AND INDEMNIFY THE STUDIO from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from any participation in classes and/or use of the equipment, and;
4. TO INDEMNIFY AND HOLD HARMLESS the Studio from any and all claims, demands, actions and costs which might arise out of my participation in classes and/or use of equipment even though such claims, demands, actions and costs may have been caused by the negligence of the Studio.

ACKNOWLEDGEMENT

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT. It is binding upon myself as well as upon my heirs, executors and representatives, in the event of my death or incapacity. I HAVE READ AND UNDERSTOOD ALL THE TERMS OF THIS AGREEMENT, and by signing this agreement voluntarily, I am agreeing to abide by these terms.

Signed this _____ day of _____, 20____

Print name of member

Signature of member

Emergency contact

Emergency contact Phone #

Email address



Print name of witness

Signature of the witness

Should a child (under 19 years of age) be participating in the program offered by Yogaflow Studio Inc., a parent or legal guardian must complete the above information and sign **below giving permission for the child to participate in the program offered.**

Signature _____ Printed name _____

Relationship to child _____

Phone # _____

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Please be sure to sign and date this form

Child(ren) Name: _____

Primary Emergency Contact Name: _____

Relationship: _____

Phone: _____

Secondary Emergency Contact Name: _____

Relationship: _____

Phone: _____

Preferred Local Hospital: _____

Care Card #: _____



Please include any special medical or personal information you would want an emergency care provider to know – or special contact information:

Signature: _____

Date: _____