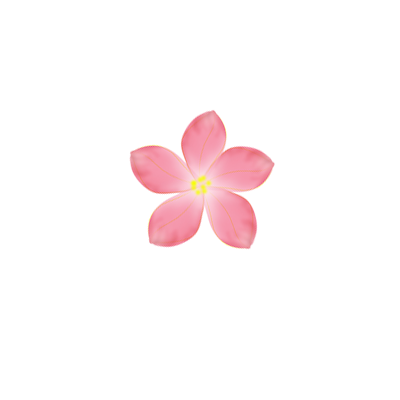
**REGISTRATION & WAIVER FORM**

**WOMENS WELLNESS GROUP, March 2, - April 6, 2020**

*Instructor: Mitu Singh (Ed.D), Registered Psychotherapist, Certified Yoga Instructor*

|  |  |
| --- | --- |
| **FULL NAME** | **X** |
| **EMAIL ADDRESS** | **X** |
| **TELEPHONE #** | **X** |  |
| **FULL HOME ADDRESS** | **X** |  | |
| **EMERGENCY CONTACT NAME & NUMBER** | **X** |  | |
| **Best place to reach you for class updates or changes, Email or Telephone?** | **X** |
| **Have you practiced yoga before, YES/NO? If yes for how long?** | **X** |
| **Any physical injuries, limitations, or pain? Explain** | **X** |  |
| **Do you have any mental health vulnerabilities that you feel can trigger/worsen from yoga or meditation?** | **X** |  | |
| **Do you have any pain or issues? (write put ‘X’ to all that apply):** | Neck: Shoulder: Elbow: Hands: Wrists:  Lower Back: Hips: Knees: Feet:  Other (please note): |  | |

Have you filled out a registration form from a previous class with Mitu Singh? If so, please only fill out any updates or changes, and then proceed to read and sign the weaver form.

\*\*Please note, all of the information on this form is kept confidential

Waiver: If at any time during the class/group, you feel discomfort or strain, gently come out of the posture or practice. You may rest at any time during the class/group. It is important in yoga and meditation that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that yoga/meditation is not a substitute for medical attention, examination, diagnosis, or treatment. I recognize that it is my responsibility to notify my group/class facilitator of any serious illness or injury before every class/group session. I will not perform any postures or practices to the extent of strain, pain, discomfort or danger: physical, emotional or psychological. I accept that neither the facilitator (Mitu Singh), nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from taking of the class/ attending the group.

If your unable to fill out signature, instructor will print out your emailed registration form and have you sign in class.

|  |  |
| --- | --- |
| NAME: **X** | DATE: **X** |
| SIGNATURE: **X** | DATE: **X** |

IN ORDER TO OFFICIALLY ENROLL IN THE GROUP/CLASS

PLEASE FILL OUT FORM AND EMAIL TO: [mitupsychotherapy@gmail.com](mailto:mitupsychotherapy@gmail.com)

The Conscious Living Centre  
Markham McNicoll Plaza  
3031 Markham Rd. Suite #31  
Scarborough, Ontario  
M1X 1L9