Overcome! Spring 2020 (former Overcome Anxiety Clinic)
Registration Application, Health Information Form and Waiver

Name:		Date:	
Address:	Town:	Prov.:	Postal Code:
Home #	Cell #	Email Addr:	
Emerg. Contact:	Relationship:	Emerg. Contact #:	

Indicate the form of payment you will make (√) **Registration is complete only when full payment has been received.**

◯ Electronic Transfer ◯ Cheque to be mailed ◯ Other (_____) requires approval of facilitator

FEES AND CANCELLATION POLICY

FEES AND CANCELLATION POLICY: The fee for the spring 2020 series is $250. Full refunds will be issued if cancellation is made prior to one week in advance. One week in advance or less, a $125 refund will be issued. Once the program begins no refunds will be made but your payment *may* be applied to a future program (with permission).

HEALTH INFORMATION

Please identify and explain any/all **physical limitations** you may have that require modifications in your yoga practice.

Please identify **prescription and over-the-counter medications** you are taking and the condition for which you are taking them.

Please indicate with a checkmark those **health conditions** that have affected your health either recently or in the past.

___ Arthritis	___ Chronic Pain	___ Cancer	___ Bruise Easily
___ Diabetes	___ Stroke	___ Surgery	___ TMJ Disorder
___ Scoliosis	___ Seizures	___ Whiplash	___ Heart Condition
___ Headaches	___ Back Problems	___ Hepatitis	___ Chemical Dependency
___ Insomnia	___ Blood Clots	___ Blood Pressure	___ Muscle Sprain/Strain
___ Depression	___ Anxiety	___ Peri/Menopause	___ Other Psychological Condition

___ Post-partum Depression (date/s of pregnancy/ies)

___ Auto-Immune Condition (please specify - AIDS, Fibromyalgia, Lupus, Rheumatoid Arthritis, etc.)

If any of the above needs to be detailed, please describe here – OR – please identify any medical/health conditions that were not identified in the list above.

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Allergies/sensitivities to: ___ Medications ___ Seasonal pollen ___Food (nuts, etc.) ___Fragrances ___ Other

If yes/other, please specify/explain:

Please list any additional comments or information you would like to share:

LIABILITY AND WAIVER AGREEMENT

Please read the following information and sign below:

1. I understand that yoga and yoga therapy can be relaxing and reduces muscular tension, but it is not a substitute for medical examination, diagnosis and/or treatment.
2. Any sexual remarks or advances to the teacher or another participant in the clinic will terminate my participation with **no refund**.
3. Yoga should not be done under certain medical conditions. Thus, I affirm that I have answered all questions pertaining to my health and medical conditions truthfully.

Client Signature: _____ Date: _____

Liability and Waiver Agreement

I _____ (print participant name), on _____(date) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated. I acknowledge that yoga is an exploration of a person's physical and mental potential, and that my participation in yoga can cause potential death, serious injury, or property damage. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. With a full understanding of the potential risks, I hereby assume the risks of participating in the Overcome! program. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably waive, release and discharge any claims and/or liabilities for death or personal injury or damages of any kind, except that which is the result of gross negligence and/or wanton misconduct on the part of Susan Anderson, advanced teacher of therapeutic yoga teacher and professional yoga therapist candidate.

I agree to not sue Susan Anderson for any of the claims or liabilities that I have waived, released or discharged herein. I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

Client Signature: _____ Date: _____