

Registration Form

5 Elements Yoga Teacher Training

Name (as you'd like it to appear on certificate): _____

Address: _____

City/Province/Postal Code: _____

Business Name: _____

Business Address (if different from above): _____

Phone Numbers: Home () _____ - _____ Cell () _____ - _____

Business () _____ - _____ Fax () _____ - _____

E-Mail: _____

Course Title:	Date:	Instr. Initial (paid):

Total Amount (inc. GST) & Payment Info: (Credit Card # & Expiry Date or Cheque/Cash/Interac):

Risk Waiver & Consent Form:

I recognize that risk of injury or potential health risk may be involved in participation in the above-named programs/activities. I hereby willingly assume such risk of injury or health risk for myself and my participation in the programs/activities. In consideration of the acceptance of my application and permission to participate in the programs/activities, I for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE, WAIVE AND FOREVER DISCHARGE 5 Elements Yoga & Pilates Inc., all other organizations, associations and companies associated with any of the programs offered by 5 Elements Yoga & Pilates Inc., and all their respective agents, employees, officials, servants, contractors, representatives, elected and appointed officials, successors 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 of participant: _____

Enrollment is limited and is confirmed on a first come, first served basis.

Cancellation Policy: Non-refundable deposit. No refunds will be given for courses once they have started. If 5 Elements Yoga & Pilates Inc. cancels a program due to low enrollment, a full refund will be awarded.

Mail to:
5 Elements Yoga & Pilates
57 Mill Street N. Suite 301
Brampton, ON L6X 1S9