

### **3 H Teachings - Registration and Participation Waiver**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone \_\_\_\_\_ Cell: \_\_\_\_\_

email: \_\_\_\_\_

Emergency contact/phone: \_\_\_\_\_

#### **Release of Liability:**

1. I recognize that any classes or workshops (in person or online) offered by Sabina Magnus, R.H.N, RYT require physical participation that may be strenuous and challenging on body and mind. I am fully aware of the risks and hazards involved. I will discuss any advise or conclusions of Vedic Counselling sessions with my physician or mental health practitioner.

2. I understand, that it is my responsibility to consult with a physician prior to my participation in any 3 H Teachings classes to assure that I am physically and mentally in good condition to participate in the services of my choice e.g. yoga, meditation, holistic consultations, workshops or other events offered by 3 H Teachings and expressly waive any claim I may have against Sabina Magnus.

3. I am aware that especially during yoga practices, I might receive gentle physical corrections. I also agree to take full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in any services, classes and workshops offered by Sabina Magnus, R.H.N, RYT

4. I am aware that ZOOM yoga classes are recorded and may be shared. I give permission that pictures, taken during workshops or classes, may be published on the webpage or Social Media.

**Physical Activity Readiness Questionnaire (PAR-Q):**

- |   |   |   |
|---|---|---|
| 1. Has your doctor ever said you have heart trouble                   | Y | N |
| 2. Do you frequently have pain in your heart or chest?                | Y | N |
| 3. Do you feel faint or have spells of dizziness?                     | Y | N |
| 4. Has your doctor ever said your blood pressure is too high?         | Y | N |
| 5. Do you have joint or bone problems?                                | Y | N |
| 6. Do you know of any reason why you should not be physically active? | Y | N |

If answered YES to any of the above questions, you agree to consult with your doctor and join a yoga class at your own risk.

**COVID-19 for “in-person session”.**

I confirm that I have NO COVID related symptoms (fever, cough, sore throat, runny nose, loss of sense of smell or taste) nor have I been diagnosed with COVID.

I have not left BC in the last 14 days.

I am not in contact with people who might have COVID or are currently in quarantine!

**I have read and fully understood the waiver and answered the PAR-Q and the COVID questions truthfully!**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ City: \_\_\_\_\_