

# Present Moment Forward Motion Meditation Workshop

*with Teresa Marie Bloom*

# Registration Form

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE WORKSHOP? (e.g. flyer, poster, friend, etc.): \_\_\_\_\_

## PLEASE CHECK OFF YOUR DATE(S) AND AMOUNT PAID BELOW:

TOTAL PAYMENT ENCLOSED: \$150/per event (incl. GST)  
cheques only please *made payable to Teresa Barss.*

**Sunday, September 9, 2007**  
deadline for registration: Friday, Aug. 31st

**Saturday, September 22, 2007**  
deadline for registration: Friday, Sept. 14th

**Sunday, October 21, 2007**  
deadline for registration: Friday, Oct. 12th

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## POLICY:

- No refunds or credits will be given for missed workshop. Payment in full must be received when registering for workshop.
- A \$25.00 NSF fee will be charged.
- All participants must sign waiver form prior to participating.

I accept all the terms and conditions herein and hereby state that the information I have provided is correct.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Mail this Registration Form, the Waiver Release Form, and full payment by cheque, to:  
Present Moment, Forward Motion Workshops, 2440 Stefi Trail, Oakville, ON L6H 5Y4

# Present Moment Forward Motion Meditation Workshop

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## Waiver and Release Form

NAME: \_\_\_\_\_

1. In consideration of being allowed to participate in the activities and programs of **Present Motion, Forward Motion Workshops & Teresa Marie Bloom**, and to use its facilities, and equipment (props) in addition to the payment of any fee or charge, I hereby waive, release and forever discharge **Present Motion, Forward Motion Workshops & Teresa Marie Bloom**, and its officers, agents, and employees, representatives, executors and all others from any and all responsibilities of liability for injuries or damages resulting from my participation in any activities at said facility. I do also hereby release all of those mentioned and others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of **Present Motion, Forward Motion Workshops & Teresa Marie Bloom**.
2. I understand and am aware that strength, flexibility and posture exercise, including the use of equipment (props), is a potentially hazardous activity. I also understand that yogic activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment (props) with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity, or other illness that would prevent my participation in any activities and programs of **Present Motion, Forward Motion Workshops & Teresa Marie Bloom**. I do hereby acknowledge that it has been recommended that I have a physician's approval for my participation in any exercise/fitness activity. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and/or use of equipment (props) without the approval of my physician and do hereby assume all responsibilities for my participation and activities, and utilization of equipment (props) in my activities at **Present Motion, Forward Motion Workshops & Teresa Marie Bloom**.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency Contact Information:

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

Phone #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

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