

**Body Buddhaful 12 Week Challenge
Enrolment Form****Personal Details**

Full Name: _____ Date: ____/____/____

Address: _____

Ph. Number: _____ Email: _____

D.O.B: ____/____/____

Gender: male / female

Emergency Contact

Name: _____ Ph. Number: _____ Relationship: _____

Medical History (Please use the space below to elaborate if needed)Do you currently have any injuries or illnesses that may affect your ability to participate in this 12 Week Challenge?
Yes / No

Details: _____

Medical information:_____
_____**Gift to collect (one of the following):** Body Buddhaful Journal Body Buddhaful Detox Essence of Living top**Will you be Applying for the \$39/week Payment Plan Option?** Yes / No**Pay in full \$450?** Cash Credit Card

Release and Indemnity to the Recreational Activity Provider

In consideration of my application for participating in the education and activities provided by The Shanti Trading Trust t/as Essence of Living Yoga & Pilates (and extent that the same may be precluded by statue) I ACKNOWLEDGE AND AGREE TO RELEASE AND INDEMNIFY the education / recreational provider as follows:

- 1.I participate in the education / activity at my own risk and responsibility.
 - 2.I release, indemnify and hold harmless the education / recreational activity provider, its servants and agents from and against all and actions or claims that may be made by me or on my behalf by other parties in respect of or occurring from any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever or any liability that results from the breach of an express or applied warrant that the education / recreational services or activity will be rendered with reasonable care or skill.
 - 3.In the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the Educational and Recreational Activity Provider in respect of the injury or damage.
- By signing this document, I acknowledge that I have read and understood all content and know that it affects my legal rights.

Signature: _____ Date: ____/____/____