



Denise Brochu

B.Sc. P.T., B.Sc. P.E. M.C.P.A.

Physical Therapy Consultant; Kinesiologist, Massage Therapist
Post Graduate Certificates in Sport Physical Therapy,
Orthopedics, Medical Acupuncture, GUNN IMS, Women's Health
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REGISTRATION

PLEASE PRINT

Date: _____

Participant's Name: _____

Date of Birth: _____

Participant's Occupation: _____

Work or Cell Phone: _____

Participant's Address: _____

City: _____

Province: _____

Postal Code: _____

Email Address: _____

I agree to receive emails from Sunshine Physiotherapy regarding classes and understand I can withdraw my consent at any time.

Family Doctor: _____

Phone #: _____ Fax #: _____

Are you a current or previous client of the clinic? _____ Yes _____ No

Please select the reason/s you are attending this class:

- | | | |
|---|--|---|
| <input type="checkbox"/> Improve posture | <input type="checkbox"/> Increase core strength | <input type="checkbox"/> Decrease back pain |
| <input type="checkbox"/> Decrease pain | <input type="checkbox"/> Decrease stress | <input type="checkbox"/> Decrease neck pain |
| <input type="checkbox"/> Increase strength | <input type="checkbox"/> Improve sleep | <input type="checkbox"/> Decrease stiffness |
| <input type="checkbox"/> Increase balance | <input type="checkbox"/> Increase mobility | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Learn to move biomechanically
optimally | <input type="checkbox"/> Improve pelvic floor awareness
and/or strength | _____ |

Any Medical Problems:

Investigations (X-Rays, MRI, etc.): _____

Core Strengthening

- This class is designed to strengthen your core muscles.
- It is an interactive and cost effective way to learn physical therapy information and important exercises from a registered physical therapist.
- It is taught with an elongated spine, proper breath and activation of key postural muscles.
- This class will give you practical, safe exercises that you can do at your own pace.

This class does not provide individual assessment and treatment. If you require individual physical therapy treatment, please book an appointment with our receptionist. Signature _____

Classes are non-refundable. There are no refunds if you miss a class. You are allowed to do a make up class in another class within the session you registered for, if there is room in the class.

Signature _____

**Waiver of Liability & Release Form
Participating in Yoga and/or fitness Classes at Sunshine Physio**

I understand that exercise classes involve physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As in the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for the support from the physical therapist. I will continue to breathe smoothly.

This class is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether to practice exercise. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Denise Brochu and Combo Physical Therapy/ Sunshine Physiotherapy.

Participation in Yoga and/or fitness sessions instructed by Denise Brochu or a substitute teacher (the "Classes") involves physical activities which, by their very nature, have the potential to cause damage or bodily injury. As a condition of Denise Brochu or a substitute Teacher (hereinafter collectively referred to as "the Teacher") allowing me to participate in the Classes, I hereby voluntarily waive any and all claims that I, my executors, administrators, heirs and personal representatives may have at any time against the Teacher, or his/her agents, or any other parties indicated or implied including the Landlord and Sublandlord (all of whom are hereinafter collectively referred to as the "Releasees") for any personal injury, death, property damage or other harm suffered or sustained that may result directly or indirectly from my attendance or participation in the Classes. I, my executors, administrators, heirs and personal representatives, agree to release the Releasees from any and all liability and responsibility for any personal injury, death, property damage or other harm due to any cause that I may suffer as a result of my attendance or participation in the Program including NEGLIGENCE, GROSS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY DUTY OF CARE OWED TO ME ON THE PART OF THE RELEASEES. The Participant agrees that all exercises and activities are undertaken at the Participant's own risk.

I acknowledge that the Teacher hereby reserves the right to request that the Participant withdraw from the Classes at any time if, in the sole opinion of the Teacher, the Participant is not acting in a responsible manner or displaying appropriate conduct, or in the event that the Participant's behavior is deemed to constitute a danger to the health, safety or well being of either themselves or of other participants in the Classes or of the Teacher.

Additionally, I will not hold the Teacher liable for any part or result of what I do with this session or its content.

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Women's Health, Core Teacher

Participant Name (Printed): _____

Signature: _____ Date: _____

Signature of Parent or Legal Guardian (if Participant under 18 years of age):
