## Personal Information Form/Waiver & Release

Personal information	
Name:	
Date of Birth(mm/dd/yy):	
Mailing Address	
City: Province:	
Postal Code:	
Telephone #'s:	
Home:	
Cell:	
Email:	
How did you hear about the True Identity Pro	ect?
<ul><li>☑ Online</li><li>☑ Newspaper/Magazine</li><li>☑ Referral – Who?</li></ul>	
W Word of Mouth W Event  W Other	
In case of emergency	
Emergency Contact Name:	
Relationship:	
Phone Number:	
	list, in order of importance to you, any current at are troubling you or might affect your ability to
1.	

2	
3	
4.	

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## Waiver & Release

In consideration of the yoga instruction, bodywork and intuitive healing services ("Services") offered to me by Hiiro Prince (dba True Identity Project), I HEREBY REPRESENT, ACKNOWLEDGE and/or AGREE to the following:

- 1. Even with clear instruction, participation in the Services carries with it a risk of injury.
- 2. It is my responsibility to consult a physician regarding my ability to safely participate in the Services.
- 3. I have no psychological, medical or emotional condition that would prevent me from safely participating in the Services.
- 4. I RELEASE and DISCHARGE Hiiro Prince from all liability, claims, demands or actions that I may take against him for any injury, death, or other loss arising directly or indirectly from the Services howsoever caused, including any claims for negligence. I HEREBY WAIVE all rights of action against Hiiro Prince in connection with the Services.
- 5. Hiiro Prince is not responsible for the loss, theft or damage of my personal items brought on or left in his studio premises.
- 6. I recognize that this Waiver & Release is a legally binding agreement under which I am relinquishing my legal rights.
- 7. I have read this agreement and fully understand its contents and meaning, and sign it of my free will.

Print Name: _	
Signature:	
Date:	