

**MBSR Registration process**

1. **Read** over the flyer and the waiver below regarding the course and its goals.
2. **Fill out and sign this registration/release form.** You may print it out and mail it to Trish or fill it out on line and email it to [trish@trishmagyari.com](mailto:trish@trishmagyari.com).
3. **Make payment** either by mailing a check for full amount to Trish Magyari at 3939 Keswick Rd, Baltimore, MD 21211 or by using the credit card option at [www.trishmagyari.com](http://www.trishmagyari.com).
4. **Payment and registration form must both be received** in full in order to hold your space in the class.
5. **Confirmation** will come from Trish when your registration is complete.
6. **Refund policy:** Full refund is available if cancellation is at least 24 hours prior to the first class. A 75% refund if before second class and materials returned (65% if not). No refund is available after the second class meeting.

**Mindfulness-Based Stress Reduction Classes – Registration**

**Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Contact in Case of Emergency (name and phone number)**  
\_\_\_\_\_

**Please tell me a little about yourself. Briefly describe the major stressors, worries or concerns in your life (i.e. What brings you to the MBSR class at this time?). Use another sheet if needed.**

**Please list the specific changes that you hope will come as a result of this course.**

**Do you have anxiety, depression, a mental illness or active drug/alcohol dependency? If so, please describe and list the professional that is caring for you and their phone number.**

**Are there any health conditions that would interfere with your ability to fully participate in the mindful movement/gentle yoga (stretching) portion of this course? If yes, please describe your limitations and what adaptations you might need.**

**I understand that:**

- The information above is for the use of the MBSR teacher to tailor this psycho-educational experience to my specific concern and abilities.
- MBSR is an adjunct to medical or mental health treatment and is not designed to replace such treatments by licensed medical or mental health providers.
- To receive the full benefit of the MBSR experience requires regular class attendance and regular at-home practice. Finding time for these activities may require a re-ordering of priorities during the duration of the course.

**Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_**

**MBSR Class Waiver of Liability (Must be signed)**

I declare that the information I have given above is true and correct. I understand that there are risks inherent to any exercise program. Such risks include, but are not limited to, risk of slip, trip, fall, personal injury, and health problems, such as cardiac arrest or stroke, any of which could result in serious bodily injury or death, and I willingly and knowingly assume those risks. I knowingly and voluntarily release and hold harmless, for myself and my heirs, Trish Magyari, along with The Center for Integrative Medicine, Integrative Medicine, LLC and Kernan Hospital, it's owners, officers members, agents, employees and insurers, from any claim, liability, demand, action and cause of action whatsoever. I further agree to indemnify Trish Magyari, The Center of Integrative Medicine, Integrative Medicine, LLC and Kernan Hospital and the insurers against any claim, liability demand, action, cost, damages and expenses to which they are or may be liable.

**Printed Name** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**If participant is under 18 years of age:**

**Name of Parent/Guardian** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_