



治療瑜珈班



加拿大糖尿病協會多倫多華人分會 誠邀您與您的朋友一起來參加於2020年舉辦的治療瑜珈班。治療瑜珈 (Healing Yoga) 是結合物理治療、姿糾正法、脊椎療法、整骨療法、中西醫學理論及傳統瑜伽體位法，加以改良後發展出來的現代瑜伽。它透過各種式子 (Asana) 伸展全身各部位，加強肌肉的柔軟度，舒緩僵硬和酸軟的感覺，強化內臟，平定心神。治療瑜珈是針對患有慢性痛症、脊椎及關節有問題的朋友而設計的一套練習，以預防和治療不同痛症。

無論您是否糖尿病患者，治療瑜珈都是一項有益身心、強身健體的鍛煉。我們開設不同的上課時間，以供選擇。每課程共10課，希望您不要錯過。

上課日期、時間

- A: 2020年1月28日至3月31日，逢星期二，晚上7:30-8:30
- B: 2020年1月31日至4月3日，逢星期五，晚上6:30-7:30
- C: 2020年1月31日至4月3日，逢星期五，晚上7:30-8:30
- D: 2020年2月1日至4月4日，逢星期六，下午3:00-4:00

授課語言：廣東話

截止報名日期：

2020年1月14日，名額有限，欲報從速。

課程費用：每位 \$72

上課地點：

鄭醫師整骨治療保健中心
MYO Therapy & Healthcare Institute
401 Alden Road, unit 7
Markham L3R 4N4
(On Alden Rd & 14th Ave, southeast area)

注意事項：

- 是次課程只限18歲以上的會員報名。如果您為非會員但有興趣參加本課程，請填寫會員申請表，並隨報名表一併寄回本分會。
- 上課前1小時內不宜進食。
- 請於課堂開始前10分鐘到達，並穿著舒適的運動衣服和自備瑜珈墊。
- 請於報名表上留下您的聯絡資料，以便我們通知您任何因天氣原因造成的課程變更。

報名詳情：

如欲查詢有關課程資料，請致電加拿大糖尿病協會多倫多華人分會(電話：416-410-1912)。

報名支票抬頭請填上：

Diabetes Canada – Toronto Chinese Chapter

- 報名表格連同支票須於2020年1月14日前寄回本分會；地址為：

Diabetes Canada – Toronto Chinese Chapter
P. O. Box # 42071
2851 John Street, Markham, Ontario, L3R 5R7

- 每位參加者必須於報名表格上簽妥「免責聲明」，並附上聯絡資料。
- 本會將於2020年1月21日前以電話聯絡閣下，以通知作實。一經確定，恕不退款。如閣下於此日期前尚未收到通知，請即與本分會聯絡。
- 若您想申請成為會員，請登入本會網站 www.diabetes-chinese.ca 下載會員申請表格，填妥後連同治療瑜珈班的報名表及支票一併寄回本會辦理。

姓名 (全名)	上課時間 (請選一項)				會員號碼	新會員 (✓)	住址或電郵地址	聯絡電話
	星期二	星期五	星期五	星期六				
	A	B	C	D				
	A	B	C	D				
	A	B	C	D				
	A	B	C	D				
						參加人數	支票總額 \$	

*新會員請另外填寫會員申請表，連同此報名表一併寄回本分會。

免責聲明

根據加拿大法律規定，「免責聲明」必須以英文書寫。以下為英文版的「免責聲明」。

THIS AGREEMENT is made by the undersigned (which shall bind his heirs, assigns and personal representatives) in favour of Diabetes Canada – Toronto Chinese Chapter and all its committee members, advisors, officers, agents, employees, volunteers, sponsors and patrons (hereinafter collectively called the “Association”).

NOW BY THIS AGREEMENT:

- In consideration of the Association accepting the undersigned as its member/visitor, the undersigned hereby COVENANTS with the Association that the undersigned shall waive all his right and claims against the Association for damages or otherwise with regard to his injury, illness or death or loss or damage to his property that may arise from participating or in connection with any activities organized by the Association including but not limited to qigong class or practice, outings and social functions such as karaoke singing and shall further keep the Association fully and effectually indemnified against all actions, proceedings, accounts, claims or demands (and all costs and expenses incurred in connection therewith) which may be brought or made or threatened to be brought or made by the undersigned or any person relating to the aforesaid.
- The undersigned agrees that he will consult his own physician and obtain such necessary medical advice as may be appropriate before joining any activities of the Association.
- For the purposes of this Agreement, (where the context permits) any gender shall mean and include all other genders and the singular shall mean and include the plural and vice versa.
- The undersigned confirms that he has read and fully understands the contents herein and has obtained appropriate legal advice upon the request of the Association to consult his own lawyer before signing this Agreement.

Date: _____ Print Name: _____ Signed: _____
 (日期) (正楷姓名) (簽名)

Date: _____ Print Name: _____ Signed: _____
 (日期) (正楷姓名) (簽名)

Date: _____ Print Name: _____ Signed: _____
 (日期) (正楷姓名) (簽名)

Date: _____ Print Name: _____ Signed: _____
 (日期) (正楷姓名) (簽名)

*根據法律要求，請務必用英文填寫正楷姓名 (Print Name) 一欄。