🧘 Yoga Studio Membership Proposal

Yoga Space@54
Studio 1 / 54 Torquay Rd, Pialba QLD 4655, Australia

Contact:
Susan Koschel
mobile: 0407139684
email: susan@MoveFreelyLiveFully.com.au

This proposal outlines the membership options specifically designed to support dedicated yoga students, teacher trainees and teachers in their practice, professional development, and teaching endeavours.

Commencement Date Monday, January 5, 2026

🔑 Membership Tiers and Fees

Tier	Weekly Fee	Includes	Class Time Details
General Member	**$40**	Unlimited Practice Sessions (2-hour limit per visit)	No class slots included.
Teacher Member 1	**$65**	Unlimited Practice + **One (1) x 90-min** class slot	Teacher collects own student fees.
Teacher Member 2	**$90**	Unlimited Practice + **Two (2) x 90-min** class slots	Teacher collects own student fees.
Teacher Member 3	**$115**	Unlimited Practice + **Three (3) x 90-min** class slots	Teacher collects own student fees.

🗒️ Current Class Schedule:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Morning				Polly: 6 -7.30			
Late Morning		Vera: 9.30 -11		Polly: 9.30 -11		Carolyn: 8 - 9.30	
Early evening	Troy: TBC		Polly: 5.30-7				
Late Evening	Carolyn: 6 -7.30						

Membership Terms & Conditions

1. Definitions

- **Activity Provider:** S K Koschel Pty Ltd T/A MoveFreelyLiveFully.com.au
- **General Member, Teacher Member, You:** The person entering into this agreement.
- **The Space:** The Yoga Studio Level 1 / 54 Torquay Rd, Pialba and all Equipment, the toilet, and the kitchen.
- **Equipment:** Includes yoga mats (thick and thin), blocks, belts, blankets, cushions, bolsters, chairs, back-benders, and ropes.
- **Activity:** Yoga practice sessions including Student Led and Personal Practice and /or Yoga Classes (for Teachers).
- **Participant:** Member or Teacher entering into this agreement.

2. General Membership Terms and Conditions

1. **General Membership fees:**
    a. **Joining Fee:** $40 (waivered if joined by January 26, 2026)
    b. **Weekly Fee:** $40 per week, payable weekly in advance.
    c. **Public Holidays:** No discounts or refunds apply.
    d. **Booking Weeks:** Booking weeks start each Monday.
2. **Refund Policy:** All fees paid in advance are non-refundable.
3. **Booking of Practice Sessions:**
    a. Practice session must be pre-booked with the Activity Provider via text (Susan 0407 139684) prior to attending.
    b. Practice sessions can only be booked during timeslots when no scheduled classes are running (See Class timetable above).
    c. Practice sessions are strictly limited to a maximum of **145 minutes (2 hours and 15 min)** per visit.
4. **Practice Attendance:**
    a. All Members must practice in harmony with each other.
    b. Please limit talking during the practice session.
    c. Arrive and leave quietly so as not to disturb others.
    d. All Members are responsible to ensure the Closing Routine (see below) has been followed.
5. **Personal Property:** The Member accepts full responsibility for any loss, theft or damage to any personal property brought onto the premises.
6. **Damage Responsibility:** The Member agrees to be responsible for the repair or replacement of any damaged equipment or property, unless deemed fair wear and tear by the Activity Provider.
7. **Waiver of Liability:** The Member must sign the liability waiver (attached) acknowledging participation is at their own risk.
8. **Cancellation:** The Member may cancel their membership at any time (no refunds will be given on pre-paid fees).
9. **Pause Membership:** The Member may pause their membership with one week's notice via email with the Activity Provider.
10. **Re-joining or re-activation fee:** The Member may re-join or re-activate their membership for a fee of $40.

3. Closing Routine

It is the responsibility of all Members to ensure the studio is clean and secure after use. The mandatory Closing Routine includes:

- **Cleaning:** Wipe down mats with cleaning cloths, spot clean foot marks or chair scuffs on the walls.
- **Used cleaning cloths** are to be left in the tub in the cupboard.
- **Equipment:** Put away all equipment in the same manner as previously stored.
- **Floors:** Dry mop floors (mop is in the broom cupboard in the upstairs foyer).
- **Kitchen:** Wash, dry, and put away any drinking glasses/mugs used.
- **Safety:** Ensure any candles are out.
- **Climate Control:** Turn off the air conditioner and fans.
- **Security:** Close studio windows and blinds; check the toilet door is locked.
- **Lights:** Turn off the yoga studio lights (check the kinesiology studio light is also off).
- **Final Lock-up:** Close foyer sliding door windows and blind. Lock all doors including the downstairs foyer.
- **Return Key to Keysafe:** Ensure the keysafe is locked (press 'clear' to double check).

4. Teacher Membership Terms and Conditions

1. Teacher Membership includes all terms and conditions of t

2. **Teacher Membership fees:**
    a. **Joining Fee:** $40 (waivered if joined by January 26, 2026)
    b. **One (1) Class Weekly Fee:** $65 per week, payable weekly in advance.
    c. **Two (2) Classes Weekly Fee:** $90 per week, payable weekly in advance.
    d. **Three (3) Classes Weekly Fee:** $115 per week, payable weekly in advance.
    e. **Public Holidays:** No discounts or refunds apply.
    f. **Booking Weeks:** Booking weeks start each Monday.

3. **Refund Policy:** All fees paid in advance are **non-refundable**.

4. **Insurance Requirement:**
    a. Teachers must provide evidence of current **Public Liability (PL) insurance of a minimum $10,000,00** plus **Professional Indemnity (PI)** insurance to cover themselves and their students when using The Space.
    b. Evidence must be provided prior to the first class and upon renewal.

5. **Liability for Students:** The Teacher (as the independent operator) is solely responsible for the liability of their own students (third parties) and ensures the Activity Provider is held harmless from claims arising from those students.

6. **Booking of Class Timeslots:** Class Timeslots (60 or 90 min) must be pre-booked via email with the Activity Provider and must slot within the existing studio class timetable (see above).

4. Teacher Membership Terms and Conditions (Continued)

7. **Access/Vacate Times:** The Space is available **15 minutes prior** to your start time and must be vacated no later than **15 minutes after** your scheduled end time, unless otherwise arranged.
8. **Transferring Class Time:** The Teacher can transfer pre-paid class time slots for to another day / date by emailing the Activity Provider with a minimum of 7 days' notice.

9. **Upgrade/Downgrade):** The Teacher may request to reduce or increase the number of weekly classes by emailing the Activity Provider with a minimum of 7 days' notice.
    a. The new weekly fee will be applied starting the Monday following the 7-day notice period.
    b. The Teacher must specify the class slot they are releasing when downgrading.

10. **Cancellation of Class:** The Teacher may cancel their class and membership at any time (no refunds will be given on pre-paid fees).

11. **Pausing Class:** The Teacher may pause their class timeslot with one week's notice. The General Membership fee of $40 per week still applies and the Teacher is entitled to attend practice sessions.

12. **Pause Membership:** The Teacher may also pause their membership with one week's notice via email with the Activity Provider.

13. **Re-joining or re-activation fee:** The Teacher may re-join or re-activate their membership for a fee of $40.

🔑 Membership Selection

Please tick the box corresponding to the membership level you are applying for:

Membership Tier	Weekly Fee	Check Box
General Membership	$40	
Teacher Membership 1	$65	
Teacher Membership 2	$90	
Teacher Membership 3	$115	

I wish to start my membership on Monday dd/mm/yyyy:

_____

📝 Membership Proposal Agreement

I, _____ (**Member's** Name), understand and agree to the Membership Terms and Conditions, including all payment and refund agreements, and the required Closing Routine.

For Teacher Members: I confirm that I have attached current Public Liability and Professional Indemnity insurance if applying for a **Teacher Membership**.

Member Name:	_____
Member Signature:	_____
Date (dd/mm/yyyy):	_____

💰 Payment Details

Preferred payment method: Direct Deposit to:
S K Koschel Pty Ltd
NAB BAS: 084 705 Acc: 83-508-3000
Ref: Your Name

Credit Card payments incur a 2.2% fee

Activity Waiver Form

THIS ACTIVITY WAIVER FORM (this "Waiver") dated (dd/mm/yyyy) _____

IN CONSIDERATION of being allowed to participate in the **Activity** and other good and valuable consideration, the receipt of which is hereby acknowledged, I (your full name) _____ (the "**Participant**") agree with S K Koschel Pty Ltd T/A MoveFreelyLiveFully.com.au of Studio 1 / 54 Torquay Rd, Pialba QLD 4655, Australia (the "**Activity Provider**") to the following:

DETAILS OF ACTIVITY

1. Scheduled from this date: 5 January 2026 until further notice, the **Participant** will be participating in the following activity: Yoga practice sessions including Student Led and Personal Practice and or Yoga Classes (for Teachers) (the "**Activity**") provided by the Activity Provider.
2. Participating in the **Activity**, carries risks, dangers and may require some physical exertion which may at times be strenuous. It is the **Participant**'s responsibility to select the appropriate level of yoga practice activities suited to their skills and abilities and to ensure they do not exceed their limits during the Activity.
3. The **Participant** is required to inspect all equipment prior to participating in the **Activity** at **The Space** and if determined to be unsafe, immediately advise the **Activity Provider** of this unsafe condition. The **Participant** must not use the involved equipment until this condition is corrected.
4. The **Participant** accepts full responsibility for any loss, theft or damage to any personal property brought onto the premises.

CONSIDERATION

5. Being of lawful age and in consideration of being permitted to participate in the **Activity**, the **Participant** releases and forever discharges the **Activity Provider**, its owners, directors, officers, employees, agents, assigns, legal representatives, and successors from all manner of actions, causes of action, debts, accounts, bonds, contracts, claims, and demands for or by reason of any injury to person or property, including injury resulting in the death of the **Participant**, which has been or may be sustained as a consequence of the **Participant**'s participation in the **Activity**, and not withstanding that such damage, loss, or injury may have been caused solely or partly by the negligence of the **Activity Provider**.
6. The **Participant** understands that the **Participant** would not be permitted to participate in the **Activity** unless the **Participant** signed this Waiver.

CONCURRENT RELEASE

7. The **Participant** acknowledges that this Waiver is given with the express intention of effecting the extinguishment of certain obligations owed to the **Participant** by the **Activity Provider**, and with the intention of binding the **Participant**'s spouse, heirs, executors, administrators, legal representatives, and assigns.

FITNESS TO PARTICIPATE

8. The **Participant** acknowledges to the **Activity Provider** that the **Participant** does not have any physical limitations, medical ailments, or physical or mental disabilities that would limit or prevent the **Participant** from participating in the **Activity**. If required, the **Participant** will seek medical advice of a suitably qualified medical professional should their physical health status change.

FULL AND FINAL SETTLEMENT

9. The **Participant** acknowledges and agrees with the **Activity Provider** that:

   (1) the **Activity Provider** has given the **Participant** sufficient time to carefully read this Waiver,

   (2) the **Participant** has been given the opportunity and has been encouraged to seek independent legal advice prior to signing this Waiver,

   (3) the **Participant** fully understands the risks and claims that the **Participant** is waiving to participate in the **Activity**,

   (4) the **Participant** is freely and voluntarily executing this Waiver, and

   (5) the **Participant** is forever prevented from suing or otherwise claiming against the **Activity Provider** for any property loss or personal injury that the **Participant** may sustain while participating in or preparing for the **Activity**.

GOVERNING LAW

10. This Waiver will be governed by and construed in accordance with the laws of the State of Queensland.

IN WITNESS WHERE OF the Participant has duly affixed their signature on this day:

(dd/mm/yyyy) _____,

Your Name: _____ (**Participant**). Signed:

_____

If participants are under 18 years of age, parent or legal guardian's consent is required:

Your Name: _____ (Guardian) Signed: _____

Relationship to the Participant: _____