



NEW STUDENT REGISTRATION

name

address

city/state/zip

phone

e-mail* address

date of birth

referred by

1. I have been examined by a licensed physician within the past six (6) months, and have been found by such physician to be in good physical health and fully able to perform all yoga exercises that I am to learn and perform during my enrollment with you.
2. I will faithfully follow all instructions given by you and your instructors as to when, where, and how to perform and not perform yoga exercises, it being understood that any deviation by me from such instruction shall be at my own risk.
3. I will not hold you, your partners, instructors or employees responsible for any injuries suffered by me caused in whole or in part by my failure to faithfully follow the instructions of you or your instructors or employees or by any physical impairment of mine not fully disclosed to you by me in writing.
4. The tuition paid herewith and such registration fees paid hereafter are non-refundable.

signature

today's date

* We will not publish, share, or sell your email address in any way. We hate spam just as much as you do and will not spam your email. We may occasionally send you email to notify you of class cancellations, promotions or events.