



# Registration Form

Date: \_\_\_\_\_

For Office Use:
Date: _____
Payment: _____

Name (pls PRINT): \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: (please print) \_\_\_\_\_ (check this box to be added to the newsletter)

Occupation: \_\_\_\_\_ Birthday: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Please indicate any physical conditions or disabilities, current or chronic, which might limit participation in class:

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about Shanti Yoga Studio? \_\_\_\_\_

*From time to time there may be a contact between the teacher and a student in a form of hands on assisting. If you prefer not to be touched, please inform your teacher.*

I \_\_\_\_\_ hereby agree to the following:  
(Please print participant's full legal name)

1. That I participate in Yoga classes and/or workshops, offered by Shanti Yoga Studio, during which I receive information and instruction about Yoga and holistic health. I recognize that these activities require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in classes and/or workshops. I represent and warrant that I am physically fit and able and have no medical condition that would prevent my participation in these classes.
3. In consideration of being permitted to participate in Yoga classes and /or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the Yoga classes and/or workshops, I knowingly, voluntarily and expressly waive any claim, both present and future, I may have against Shanti Yoga Studio for any injury or damages that I may sustain as a result of participating in the classes. I, my heirs, or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
**Signature of participant or participant's parent/guardian (If participant is under 18 years old),**