



REGISTRATION

For participation in classes at Yoga Centers

Please fill out every item neatly and clearly, giving thought to your words. Thank you.

Last Name
Please Print

Last Name _____ Date _____

First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Date of Birth _____ E-Mail Address _____

Occupation _____

How did you find us? (check one)

Phone Book _____ Flyer _____ Friend _____ Yoga Journal _____

Internet _____ Magazine _____ Street Sign _____ Other _____

Emergency contact

Name _____ Phone _____ Relationship _____

List all present physical and mental problems and brief synopsis of past problems. (Indicate diagnosis by health care professionals and your symptoms. We need to know what you are experiencing.) Continue on back.

Why do you wish to start or continue the practice of yoga? Continue on back if necessary.

Have you done yoga before? _____ For how long? _____ Which style? _____

Name of Teacher _____ City & State _____

Please read the following AGREEMENT OF RELEASE and WAIVER OF LIABILITY carefully before signing:

- I understand and acknowledge the fact that in yoga, as in other forms of exercise, sports, bodywork, or self-development, there exist certain inherent risks. I voluntarily participate in the yoga instruction at Yoga Centers or other program offered at Yoga Centers and agree to assume full responsibility for all risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the yoga program or other programs offered at Yoga Centers.
- I understand that it is my responsibility to consult with my health care practitioner prior to and regarding my participation in yoga classes, workshops or other programs offered at Yoga Centers. By signing below, I release Yoga Centers and Innerworks Company, as well as their agents, tenants, managers, employees, other students and individual instructors from liability, and hold them harmless for any injury to my person, and damage or loss to my property incurred while on the premises at 2255 – 140th Ave. N.E., Suite F, Bellevue, WA 98005, whether caused in or out of class, by negligence or otherwise.
- I know that yoga requires alignment of the body and that yoga teachers often adjust students to help them get the poses more accurately. By signing below I consent to such touch and adjustment. If I do not wish to be touched, I will clarify that fact in a signed writing and hand it to every teacher whose classes I attend, prior to commencement of class.
- I realize that just as students choose their teachers, teachers choose their students, and that some teachers may choose not to accept me as a student, and I agree to abide by the teacher's choice in the matter.
- **I have read, understood and agreed to the refund policy on the back of this registration form.**

First

Signature _____

Date _____

