



Registration

Date _____

Name _____ Date of Birth ____/____/____ Phone # ____/____-____
Please print Area Code/Number

Email _____ (for special offers!) Alt Phone # ____/____-____
Please print

Address _____/____/____
Street City State Zip

Waiver of Claims: The undersigned participant acknowledges that the use of Akasha Inc. facilities or other facilities associated with Akasha Inc. and/or participation in Akasha Yoga-sponsored activities or events, at any and all locations wherever situated, shall be undertaken by the undersigned participant at his/her own risk. In addition, the undersigned participant agrees to release Akasha Inc., its agents, servants, contractors and employees from any and all claims, damages and causes of action that the undersigned might hereafter have on account of injuries sustained as a result of an accident occurring at Akasha Inc. or any of the facilities, activities and/or events referenced above. I hereby grant Akasha Inc. permission to use my photograph as part of its website and in any of its publications, without payment or any other consideration. I acknowledge that Akasha Inc. has no control over, and is not responsible for any use or misuse that may occur or be caused by third parties. I represent and certify that I am of legal age and not under any legal disability and that I have read the foregoing carefully and fully understand the contents and meaning of this release.

Participant Signature: _____

Emergency Contact _____ **Phone #** ____/____-____
Please print Area Code/Number

Personal History: Please indicate if you have had or currently have any of the following.

____Heart Conditions ____Respiratory Problems ____Diabetes ____Hypertension/low blood pressure
____Back Issues ____Currently pregnant ____Other (please explain) _____

Injuries or operations (details) _____

Please list any medical conditions that may limit your exercise program: _____

General Information: How did you hear about the studio? _____ Referral? _____

Have you taken Yoga before? _____ If yes, for how long? _____

What are your goals in taking yoga? Stress relief ____ Flexibility ____ Strength ____ Weight loss ____ Other

Please let us know if there are any other interests or concerns: _____

For office use only:
Event/Session class _____ ~ No Refunds ~

Date payment received _____ Amount _____ Payment type: cash ck# _____ visa mc disc amex

OL N C TYL Instructor _____ Class _____