AKASHA
Yoga·Healing Arts·Education

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 Yoga facilities, participation in Akasha Yoga sponsored activities or events shall be undertaken by a member or guest at his/her risk. In addition, the undersigned agrees to release Akasha Yoga, their agents, servants, 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 Yoga.

       I hereby grant Akasha Yoga Center 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 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.

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 _____

What wellness services interest you? (Circle all that apply):

Ayurvedic Treatments   Body Talk   Massage   Reflexology

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 [ ]   R [ ]   TYL [ ]   Instructor _____   Class _____