

**CLASS REGISTRATION**

Please fill out every item and print clearly. Thank you.



**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Email Address** \_\_\_\_\_

By entering your email address you will be able to receive payment receipts.

**How did you find us? (Check one)**

Internet \_\_\_\_\_ Flyer \_\_\_\_\_ Friend / Student \_\_\_\_\_ Yellow Pages \_\_\_\_\_ 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 if necessary.**

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

**Have you done yoga before?** \_\_\_\_\_ **For how long?** \_\_\_\_\_ **Which style?** \_\_\_\_\_

**Why do you wish to start or continue the practice of yoga?**

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

**Please read the following AGREEMENT OF RELEASE and WAIVER OF LIABILITY and PHOTO RELEASE 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 or other programs offered as a student of the Yoga Institute of Broward 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.

\*I understand that it is my responsibility to consult with my health care practitioner prior to and regarding my participation in yoga classes. By signing below, I release Yoga Institute of Broward, Ruth Ann Bradley, and Water Garden Place 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 10400 Griffin Road, Suite 205 Cooper City, FL. 33328, whether caused in or out of class, by negligence or otherwise.

\*I grant to the Yoga Institute of Broward, its representatives and employees the right to take photographs of me and my property in connection with the subject of YOGA. I authorize Yoga Institute of Broward, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Yoga Institute of Broward may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

**I have read and understand the above and agreed to the refund policy below.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Class Pass Refund Policy** No refund after the first week of class. Classes are non-refundable and non-transferable.