

Sunflower Yoga

Registration and Waiver Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

Limitations, Injuries, Surgeries _____

If so, date of onset, or surgery _____

What do you hope to get from the study of yoga? _____

How did you hear about Sunflower Yoga? _____

Sign me up for this class _____

I have read and understand the class policies. (See on website)

Release and waiver of liability

In any physical activity, there are risks of minor to serious physical injuries. Yoga is no substitute for medical diagnosis and/or treatment. The student assumes the risk of yoga practice and releases the teacher(s) and *Sunflower Yoga* from any and all claims.

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I, _____ am participating in yoga classes, or workshops, at *Sunflower Yoga*: I am aware of the physical risks involved with strenuous exercise and understand it is my personal responsibility to consult with my health-care provider regarding my participation. I have no medical condition, which would prevent me from taking part in yoga classes or workshops, and I assume responsibility for any risk or injury I may sustain as a result of my participation. I have read the above release and waiver of liability and understand its contents. I agree to the terms and conditions stated above.

Date ___/___/___ Signature _____

Mail with check payable to Sunflower Yoga, 6413 E. 14th Ave. Spokane Valley, WA 99212