



EVERGREEN YOGA CENTER POLICIES

MISSED CLASSES: You are welcome to make-up any missed classes by attending another class during the **same** series. Missed classes cannot be made up after the series is over.

REFUNDS: No refunds will be given after the first week of any class-series.

How did you hear about Evergreen Yoga?

- __ Live in neighborhood __ A friend
__ Newspaper/Magazine __ Web search
__ Doctor __ Flyer/poster
__ E-newsletter __ Yoga Journal
__ Other...Where? _____

REGISTRATION FORM/AGREEMENT

Name _____

Address _____

city state zip code

Phone _____

Daytime

Cell

E-mail _____

Date of birth _____

Class, series or workshop you are registering for: _____

It is important to let us know if you are dealing with any health or medical concerns BEFORE any class you attend. Your teacher will help you make any necessary modifications to the exercises.

- Do you have any of the following physical conditions (please check)?
__ Arthritis
__ Diabetes __ High blood pressure
__ Glaucoma __ Neck/back pain
__ Heart Condition __ Chronic pain
__ Recent injury __ Endometriosis
__ Low blood pressure __ Medication that affects
__ Trying to conceive the nervous system
__ Recent surgery (past 2 years)

What type of surgery? _____

If you checked any of the above, you must explain in writing on back of this sheet.

If you are pregnant, what is your due date? _____

Agreement of Release and Waiver of Liability

I understand that I am participating in a physical activity when I take part in activities at Evergreen Yoga Center (the Center). In any physical activity there is risk of being injured. I understand this risk, and agree to provide a written declaration of any health concerns or medical conditions that would prevent my full participation and will disclose this information before participating in any physical activity at Evergreen Yoga Center. It is my responsibility to check with my physician before participating and update the information I provide should any changes occur to my health or medical condition.

In consideration for being allowed to participate, I, my heirs and assigns, knowingly, voluntarily, and expressly release and waive any claim I may have against Evergreen Yoga Center, Leah Bray Nichols (and any teacher acting on behalf of the Center) for injury or damages that I may sustain as a result of participating in the activities at the Center. I have read the Evergreen Yoga Center policies and this Agreement and Waiver and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date

Staff Signature

Date

IF YOU ARE MAILING PAYMENT WITH THIS FORM, ATTACH CHECK OR:

CREDIT CARD #

EXP DATE \$ AMOUNT