



Rising Sun Yoga

Please Print

Student's Name: _____ Male Female

Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

E-Mail: _____

Telephone: (H) _____ (Cell) _____ (W) _____

Emergency Contact (Name & Phone number): _____

How did you learn about this school/yoga classes? Newspaper ad / school flyer / friend / other:

MEDICAL HISTORY

1. Describe your experience with yoga asanas and other yoga practices (style, teacher, length of time, regularity) _____

2. What are your reasons for taking this course

3. Do you have any health concerns or conditions for which you need to modify the postures or pranayama techniques



Rising Sun Yoga

CONTRACT AGREEMENT

HEALTH

I warrant that I am in good health and that I am not aware that I have any health problems other than those indicated above. I hereby acknowledge that I have been advised to see my doctor to discuss any concerns I may have about participating in the program.

EXCLUSION OF LIABILITY

I declare that I understand the nature of the program and I also understand that the nature of this document is to waive my rights against Rising Sun Yoga, its instructors and the establishments where these yoga classes are practiced in the event something should happen to me while participating in the program and that by signing this document I release them from any responsibility and liability

I understand that Rising Sun yoga assumes no responsibility for any loss or damage to any personal property on the premises at which the program is conducted.

AGREEMENT

I agree to assume all risks involved in taking and participating in the Yoga classes. I acknowledge having read this liability release and that I am of the full age of consent, and my acceptance of the above disclaimer clause is understood and evident by my signature. (Parents or legal guardians please provide signature for minors.)

REFUND POLICY

There is no refund of fees once the program has begun.

ACKNOWLEDGEMENT OF CONDITIONS

The student acknowledges having read, understood and agreed to the Terms and Conditions set forth and indicated within this Contract.

Date: _____

Signature: _____

(Custodial Parent/Legal Guardian if student is under 18 years of age)

Name: (Print) _____

Date: _____

Witness: _____