



FOR STAFF USE:

ml _____ roster _____

eml _____

last name _____

first name _____

home, work, or cell phone _____

address _____

city _____ state _____ zip _____

e-mail address _____

medical alerts (injuries, physical limitations, recent surgeries, etc.) _____

how did you hear about All About Yoga? _____

class or workshop you are registering for:

_____ day _____ time _____ fee _____

_____ day _____ time _____ fee _____

total _____

Refund Policy: A student who cancels up to 48 hours in advance of the class or workshop is entitled to 1) A refund of the total fee paid minus a \$20 processing fee OR 2) A full credit which is valid for 3 months from the date of cancellation. For cancellations made within 48 hours of the class or workshop, no refunds are available and the student will be issued a full credit minus a \$20 processing fee which is valid for 3 months from the date of cancellation. No refunds or credits will be given for cancellations made after the first day of class.

Participation in yoga classes includes, but is not limited to, participation in meditation techniques, yogic breathing techniques, and performing various yoga postures. Yoga postures, or asanas, are designed to exercise every part of the body - stretching and toning the muscles and joints, the spine and the entire skeletal system. They also work on the internal organs, glands and nerves. Yoga incorporates sustained stretching to strengthen muscles and increase flexibility. Yoga is an individual experience. I understand that in yoga class I will progress at my own pace. If at any point I feel overexertion or fatigue, I will respect my own body's limitations and I will rest before continuing yoga practice.

By signing my name below, I acknowledge that participation in yoga classes exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release The Stress Management Center of Nevada, Kathleen Grace Santor and any other persons who may teach at SMCN from any and all liability, negligence or other claims arising from or in any way connected with my participation in yoga class.

My signature further acknowledges that I shall not now or at any time in the future bring any legal action against The Stress Management Center of Nevada, Kathleen Grace Santor and any other persons who may teach at SMCN; and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns. My signature verifies that I am physically fit to participate in yoga classes and a licensed medical doctor has verified my physical condition for participation in this type of class. If I am pregnant or become pregnant or am post-natal, my signature verifies that I am participating in yoga classes with my doctor's full approval. I realize that I am participating in yoga classes at my own risk. My signature is binding to this liability waiver from this day forth.

date _____ signature _____

If under 18 years of age:

as legal guardian of _____ we consent to the above conditions _____