



For more classes and special events, please visit www.yogaatsimplywell.com

Welcome

Name _____

If you are registering for someone under the age of 18, please list your child's name and date of birth:

Mobile phone (____) _____ Home phone (____) _____

Address _____

City _____ State _____

Zip Code _____ Email _____

Birthday ____ / ____ / ____

How did you hear about this class? _____

(if someone referred you, please list their name so we can thank them)

Emergency Contact Info: Name _____

Relationship _____ Phone number (____) _____

What do you hope to gain by attending this class?

I have read, understand, and agree to the content of this Professional Disclosure Form, Payment Policy and Release.

Signature _____

Date _____

Professional Disclosure Form, Payment Policy and Release

All exercise programs involve a risk of injury. By choosing to participate in Yoga and other classes at Simply Well, you voluntarily assume a certain risk of injury. It is strongly recommended that you consult with your physician before embarking on any exercise program. It is your responsibility as a student to monitor each activity and determine whether it is appropriate for you to participate. You remain primarily responsible for your safety and well - being.

The undersigned assumes all risk of damage or injury that may occur as a student in classes taught at Yoga at Simply Well, both while attending classes and following instruction at home. The undersigned releases and discharges Yoga at Simply Well and its Instructors from any and all claims, demands, and actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that results from the undersigned's participation in Yoga and other classes outside of class.

Payment in full must be received prior to the commencement of the class or session. Refunds will be considered on an individual basis. Class cancellations will be posted under the class schedule link on our website yogaatsimplywell.com.