



Surya Daya
YOGA & WELLNESS

WELCOME, WE ARE SO GLAD YOU ARE HERE!

Student Registration / Agreement Form

Full Name: _____

Date of Birth: _____ **(MM/DD/YYYY)** **Telephone:** _____

Address: _____

City: _____ **Postal Code:** _____

Please provide your email address: _____

Would you like to receive information about events and specials / Newsletters? YES / NO

Emergency Contact (Name / phone number/relationship): _____

How did you learn about our yoga studio? Family / Friend / Internet/ Print Media / Other

Do you have health concerns we should be made aware of to best support you?

Release of Liability:

I acknowledge that it is my duty to exercise care for myself and others in the practice space while attending classes and events at Surya Daya Yoga & Wellness. I have received advice from my doctor that I am capable of physical exercise as provided by Surya Daya Yoga and Wellness and its Teachers, or I assume the risk of exercising without a doctor's examination.

I understand that the classes at Surya Daya Yoga & Wellness may be strenuous and I voluntarily participate with full awareness that there is a risk of personal injury and property loss on the premises at which the program is conducted. I assume all risks and accept personal responsibility for any and all physical injury which could result from my practice and the potential of pushing myself beyond my personal limitations during these activities. For myself and my representatives, I release, waive and discharge, and will not make any claims against Surya Daya Yoga & Wellness, its members or its teachers on account of any personal injury, including death or damage to personal property. I agree that Surya Daya Yoga and Wellness is in no way responsible for the safekeeping of my personal belongings while I am in attendance at a class or event.

Signature: _____ **Date:** _____

Parent / Guardian Signature if under 18: _____ **Date:** _____