



OFFICE USE ONLY:

Time of class _____ Teacher _____

Service _____ Assistant _____

Photo Taken _____ Payment Amt/Type _____

Data entered in MBO

NEW STUDENT REGISTRATION & DISCLAIMER

PLEASE PRINT CLEARLY (One letter per box)

FIRST NAME

LAST NAME

Address: _____ City: _____ Zip _____ @pf b_w(mk/db/yyyy) ____/____/____

E-Mail (YHC use only) _____

Cell (____) _____ Emergency Contact No. (____) _____ Name _____

How did you hear about us? _____ YHC Website _____ Classpass _____ Email _____ Facebook _____ Groupon _____ Current Student _____ Google _____ Mindbody App _____ Perkiwille _____ Sign/Walkby _____ Yelp _____ Friend _____ Other _____

I was referred by _____ Current member? ___ Yes ___ No

What are your personal fitness goals?

___ Weight & Fat Loss ___ Overall Health & Fitness ___ Flexibility ___ Tone & Firm ___ Move Better

___ Athletic Performance ___ Gain Lean Muscle ___ Strength ___ Other: _____

How serious are you in accomplishing your goals? (Not serious) 1 2 3 4 5 6 7 8 9 10 (Very serious)

RELEASE OF LIABILITY

By signing below I agree that YOGA HEALTH CENTER is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at YOGA HEALTH CENTER may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. It is strongly recommended that the Client receive a medical clearance from his/her private physician prior to starting or participating in an exercise program. The studio's programs/classes are not designed for individuals with known heart disease with or without functional impairment. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against YOGA HEALTH CENTER, its owners, teachers, assistants or its students for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

I understand that all sales are final. There are no refunds, freezes, exchanges, sharing or transfers of classes or class series, including any partial classes taken or partial class series used for any reason. Auto pay memberships are a contract and cannot be canceled for any reason before the end of the contract. Expiration dates are non-negotiable. A 15-day written notice is required prior to canceling a membership. I agree to have a head shot photo taken for YHC internal use only. Photo is required prior to taking class.

By signing below I agree to release Yoga Health Center, its owners, employees, teachers and staff members as well as students from any and all liability for exposure or harm due to COVID-19.

Yoga Health Center reserves the right to refuse service to anyone deemed a health risk, and/or to reschedule classes if there is need to do so due to changes brought on by new COVID-19 regulations from federal, state, county, or city health departments.

Release of Liability Signature

Date (dd/mm/yyyy)

We reserve the right to change or cancel classes and/or prices at any time, with or without notice and to refuse Yoga instruction to anyone. We charge \$20.00 for NSF checks.