

# registration & release

**\* PLEASE PRINT \***

Name: \_\_\_\_\_ Cell / Home Phones: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

For important EMAIL announcements, provide email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Major Activities / Hobbies: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

How did you find out about us...? Referral  Web/Internet  Walk/Drive By  Other \_\_\_\_\_

What would you like to receive from your yoga practice today...?

- An introduction to the practice
- A challenging physical work-out
- Nurturing or soothing the metaphoric heart
- Connecting or practicing with others
- Deeper understanding of the practice and postures
- Healing/managing an injury or illness
- Finding peace of mind
- Other \_\_\_\_\_

**injuries or illness?** Include anything that might affect your practice, your stamina, strength, or range of motion (how long ago was injury or diagnosis?). Are you experiencing any pain/discomfort TODAY...? (use back side if needed) BE SURE TO INFORM THE INSTRUCTOR OF YOUR CONDITION PRIOR TO CLASS. \_\_\_\_\_

\_\_\_\_\_ DUE DATE (if pregnant) \_\_\_\_\_

## yoga background:

- First Time (doing yoga)
- Beginner (have taken a few classes)
- Continuing Beginner (consistent practice for 6 months)
- Intermediate (practicing consistently for at least a year)
- Advanced (practicing consistently for more than 2 years)
- I'm a Yoga Teacher where: \_\_\_\_\_
- I'm a Studio Owner name: \_\_\_\_\_
- Styles of Hatha yoga practiced \_\_\_\_\_

**By signing below, I hereby agree to the following:** 1. That I am participating in classes offered by Fusion Yoga Studio Sacramento, Inc. during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and my cause physical injury, and I am fully aware of the risks and hazards involved. 2. I understand that it is MY responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in classes. 3. In consideration of being permitted to participate in classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. 4. In further consideration of being permitted to participate, I knowingly, voluntarily and expressly waive any claim I may have against Fusion Yoga Studio Sacramento, Inc. for injury or damages that I may sustain as a result of participating. 5. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above by signing below. I do hereby waive and relinquish all rights and benefits I have or may have under Section 1542 of the Civil Code of the State of California to the full extent that I may lawfully waive all rights and benefits pertaining to the subject matter of this Agreement for which a release has been given. I have carefully read the release, and fully understand and agree to the above.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form can be delivered to:  
Fusion Yoga Studio Sacramento, Inc.  
2310 Fair Oaks Blvd., #C2, Sacramento, CA 95825

## staff use only

- Data Entered \_\_\_\_\_
- Email Entered \_\_\_\_\_
- Checked In By \_\_\_\_\_
- Cash / Gift Certificate
- Check
- Credit Card
- 1st Time / 2 Weeks for \$25
- Karma / Comp / Special Guest
- Intro (month) \_\_\_\_\_
- Workshop \_\_\_\_\_
- Corporate \_\_\_\_\_
- Other \_\_\_\_\_