

Welcome

RELEASE AND STUDENT RECORD

* All items marked with an asterisk are required information

* First Name: _____ * Last Name: _____

* Phone # : _____ Email Address: _____

* Address: _____

Opt out of receiving our bi-monthly (approx) email newsletter

Apt.#: _____ * City: _____ * State: _____ * Zip: _____

* Date of Birth: _____ How did you hear about us?: _____

* Emergency Contact: _____ * Phone: _____

* Do you have any physical condition or irregularities that could be aggravated by exercise (i.e. back or knee problems, recent surgery or injury)? Y N

* If yes, please describe the condition: _____

* Are you pregnant? Y N If yes, what is your due date? _____

Please let each teacher that you study with know of the above condition(s).

I hereby release my instructor, 8 Limbs Yoga Centers, and all sponsoring agencies from responsibility for any injuries I may receive as a result of participation in this program. I certify that my level of physical condition determined by myself or my physician will allow me to safely participate in this program. I further state that I have read and understand this release and that I am legally competent to sign this.

8 Limbs Yoga Centers Class Pass and Membership Policies:

① ALL Class Passes and Memberships are non-transferable and non-refundable. ② Annual Memberships may be frozen IN ADVANCE in one-month increments for an administrative fee of \$10. 5-Class, 10-Class, and 20-Class Passes are valid for 6 months. ③ Expiration date extensions for class passes and memberships must be purchased IN ADVANCE of expiration date for an administrative fee. ④ By signing I agree to 8 Limbs Yoga Centers' policies.

Signed: _____ Date: _____



YOGA CENTERS

Capitol Hill 500 East Pike Street | 206.325.8221
Phinney Ridge 6801 Greenwood Ave N | 206.432.9609
Wedgwood 7345 35th Ave NE | 206.523.9722
West Seattle 4546 1/2 California Ave SW | 206.933.9642

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