

Welcome

RELEASE AND STUDENT RECORD

* All items marked with an asterisk are required information

First Name: _____ *Last Name: _____

Phone # : _____ Email Address: _____

Address: _____

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

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:

ALL Class Passes and Memberships are non-transferable and non-refundable. 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 4546½ California Ave SW | 206.933.9642