



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Yes! Please add me to Radiance Yoga's mailing list!

Birthday: \_\_\_\_\_

My goal in practicing yoga is to: \_\_\_\_\_

Please list any topics you would like to see offered as workshops: \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Recent surgeries or existing medical conditions: \_\_\_\_\_

I understand that yoga includes physical movements. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will adjust the posture, ask for support from the teacher, or discontinue the practice. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga and/or specific poses are not recommended and are not safe under certain medical conditions (e.g., cardiac illness, post-surgery, etc.). The student assumes the risk of their yoga practice and releases the teachers and studio from any liability claims. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to release and waive any claims that I have now or hereafter may have against Radiance Yoga and its principals and employees.

All class passes are non-refundable and non-transferable. 1 month class passes expire after 30 days with no exception. The 5, 12, 20, and beginners class passes expire after 6 months with no exceptions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_