



INITIAL REGISTRATION

-Thank you for taking the time to fill this form out

Release of Liability:

In signing below I agree that Salamba Yoga Studio is in no way responsible for the safekeeping of my personal belongings while I attend class. Being aware of my own physical condition and the risks involved, I am voluntarily participating in vigorous physical activities. I hereby affirm that I do not suffer from any condition or disability that would prohibit my participation in these activities. I fully understand that my participation in these activities could result in injury. I assume all risks connected therewith and consent to participate in said activities. Furthermore, I hereby release Salamba Yoga Studio, as well as its instructors, agents, representatives, contractors, successors and assigns, from liability for any injury or illness I may incur, now or in the future, as a result of participating in these activities.

Please note that all passes are for the month they are purchased in. These passes apply to drop-in classes only, and are not extendable past the original time limit. All class sales are non refundable & non transferable.

Signature here, please _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

May we send you notices about events, specials, etc? Yes No

Best Phone # _____ Back up Phone # _____

Birthdate _____

How did you find out about us? _____

EMERGENCY CONTACT

Name _____ Phone # _____

Relationship _____