

Prana Yoga Center



Class and Workshop Registration

Please print clearly and fill out all information. Thank you!

Class or Workshop Name _____

Day of Week _____ Date(s) _____ Time _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

How do you most hope to benefit from this yoga class/event?

Do you have any health conditions the instructor should know in advance of the class?

To reserve your space for any registration class or workshop, print this form and send it along with a check payable to Prana Yoga Center. Registration and pre-payment are required to ensure your spot. Drop-ins on day of the event should call the studio first at 630-262-9642.

Prana Yoga Center
501 W. State Street
Suite #E
Geneva, IL 60134
pranayogacenter.com
630.262.YOGA (9642)

Prana Yoga Center



Confidential New Student Information and Release Form

Student Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Have you practiced yoga in the past? _____ If yes, where and what style? _____

How do you hope to benefit from yoga? _____

Do you have any of the following conditions: _____ pregnant _____ glaucoma _____ high blood pressure

Do you have any injuries that the instructor should know about? _____

Do you have any physical areas of strain (such as neck, back, knee)? _____

How did you hear about this class? _____

Voluntary Participation

I, the undersigned, acknowledge that I have voluntarily chosen to participate in the yoga class sponsored by the Prana Yoga Center, Inc.

Acknowledgement

I am aware that participation in the yoga class requires a minimum level of physical health, strength, fitness and flexibility. I represent that I possess the level required to participate in this class. I am voluntarily participating in the yoga class with the knowledge of the risks of injury. I assume all responsibility and liability for any and all injuries I may sustain due to my participation in these activities.

Release

In consideration for participation in the yoga class, I agree that I, my heirs, guardians and legal representatives will not make any claims against, sue or attach the property of the hosts, instructors or participants in the yoga class. I release all such hosts, instructors or participants from all actions, causes of actions, lawsuits, claims or demands that I now have or hereafter may have for any and all personal injury, illness, loss of or damage to property associated with my participation in the yoga class.

I have carefully read this agreement and fully understand its contents. I have signed this release freely and voluntarily. I am aware and agree that it is a complete release of liability for any injuries or damages I may sustain due to yoga classes at the Prana Yoga Center, Inc. and all such hosts or instructors.

Printed Name _____

Signature _____ Date: _____