

New Student Registration Form

To register, please print this form, fill it out and give it to the instructor.

Checks for this series are payable to "Shobana Mani".

Wednesday classes Feb.17th, 24th, Mar. 3rd, 10th, 17th.

Saturday classes Feb. 20th, 27th, Mar. 6th, 13th, 20th.

If attending only Sat. classes, please make check payable to "Aruna Akkapeddi".

Sunday classes Feb.21st, 28th, Mar. 7th, 14th, 21st.

COST: \$100 for 10 classes, \$60 for any 5 classes. Drop in rate per class: \$14.

Cancellation and Refund Policy: After the first class, remaining course payment cannot be refunded, except in case of emergencies prohibiting class attendance. In such a situation, please speak with the instructor.

Date of Registration _____

Name _____

Address _____
Street City State Zip

Phone _____ **Mobile** _____

Email _____

Emergency Contact _____
Name and Phone

Health Information

Please describe any health conditions that you currently have (or have had in the past) that may affect your participation in yoga- including but not limited to bone, muscle, ligament or tendon problems, surgeries, sciatica, pregnancy or chronic conditions such as high blood pressure, diabetes, thyroid conditions or neurological conditions. It is very important that you inform the instructors of your health conditions in order to let us help you work safely with your individual needs. Information provided will be kept strictly confidential.

Are you currently on any medication? If so, please indicate for what condition? Please describe any known side effects of these medications (such as change in heart rate, nervousness, lack of coordination, etc.) that may impact your practice.

Agreement of Release and Waiver of Liability

I, _____ hereby agree to the following:

1. That I am participating in this yoga class during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this yoga class. I represent and warrant that I am physically fit and do not have any existing medical condition(s) that would prevent my full participation in the yoga class.
3. In consideration of being permitted to participate in the yoga class, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in the yoga classes, health programs, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against the instructors or the owner or leaseholder of the building for injuries or damages that I may sustain as a result of participating in classes or workshops held by Shobana Mani and Aruna Akkapeddi at the Indian Fusion and Dance Academy.
5. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue Indian Fusion and Dance Academy, Shobana Mani, Aruna Akkapeddi or Selvi Pragasam, or the leaseholder or owner of the building for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date _____ Signature of the Participant _____

If participant is under 18: As legal guardian of this participant, I consent to the above terms and conditions.

Signature of parent/guardian: _____