



The information requested below is solely for the use of Eden Yoga Studio and will not be shared. The information helps Eden's instructors get to know you and what you want from your practice, so please try to fill out the form as thoroughly as possible. **Please bring completed form with you to first class.** Thank you very much!

First name: _____ Last name: _____

E-mail address: _____

Yes! Please sign me up for Eden's free e-newsletter

I do not wish to receive Eden's free e-newsletter

Mailing address: _____

Phone (best contact number(s) in case of class cancelation/etc.): _____

Birth date (mm/dd/yyyy): _____

Medical Information

Please note any current medical or physical conditions or limitations which may affect your yoga practice, including injuries, surgeries, current pregnancies, etc. _____

Have you taken a yoga class or done yoga DVDs/etc. before? If yes, explain: _____

What do you hope to get out of yoga class? _____

Class Information (current June 2009; subject to change in future)

- Please indicate which Eden Yoga class you are interested in:
- Intro To Yoga: Mondays, 5:30 - 6:30 p.m.
 - Shine! Morning Yoga: Wednesdays, 6:30 - 7:30 a.m.
 - Mixed Level Yoga: Thursdays, 5:30 - 6:30 p.m.
 - Barefoot! Kids Yoga: Dates/times to be determined

Class Fees: Drop-In = \$10/class; **5 Class Punchcard** = \$45 (save \$5; expires 2 mos. from issue);

10 Class Punchcard = \$85 (save \$15; expires 4 mos. from issue); **Barefoot! Kids Class** = \$5/class; **Private Lessons** (by appointment) = \$20/hour/per person; **Birthday/Girls' Night Parties** = TBD

Classes may be added in future. Special workshops will also be held occasionally – watch for details!

Payments: Payments must be made prior to first class. **Cash or check only.** No refunds for punchcard purchases. Must have at least three students to hold any class (except private lessons). Should a class need to be canceled for emergency, weather or other reasons, every effort will be made to contact students using provided contact info.

What to wear/bring: For hygiene reasons, students must bring their own yoga mat (mats available for purchase at the studio, as well). Dress comfortably with room to move. Yoga is practiced barefooted.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I _____, hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by Eden Yoga/Christy Moravitz during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that 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 the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, 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 Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Eden Yoga/Christy Moravitz for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Eden Yoga/Christy Moravitz 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 PARTICIPANT

If participant is under 18 years of age:

As Legal Guardian of _____, I Consent to the Above Terms and Conditions.

DATE

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT

Witnessed By: _____