

New Client _____

YOGA MOVES REGISTRATION
(please print clearly)

Name	
E-mail	
Date of Birth	
Address	
City, State, Zip	
Phone	

How did you hear about Yoga Moves?	
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In consideration of and as an inducement to your enrolling as a student of Yoga Moves Renew, LLC, d/b/a Yoga Moves, 335 Main St, Stoneham, MA 02180, I represent and agree as follows:

1. I have been examined by a licensed physician within the past six months and have been found to be in good physical health and fully able to perform all yoga exercises which I am to learn and perform during my enrollment at Yoga Moves.
2. I will faithfully follow all instructions given to me by you and your instructors as to when, where, and how to perform and not to perform yoga exercises and I understand any deviation by me from such instructions shall be at my own risk.
3. I will not hold you, your partners, instructors, or employees responsible for any injuries suffered by me caused whole or in part by my failure to faithfully follow the instructions of you or your instructors or by any physical impairment of mine not fully disclosed to you in writing.
4. I understand and acknowledge that I am to receive instruction in yoga theory and exercise only and I will not hold you, your partners, instructors, or employees to any higher standard of care than that applicable to a school of yoga theory and exercise.
5. The tuition paid herewith and such registration fees paid hereafter are non refundable; such refunds if any, as are made, shall be entirely within the discretion of Yoga Moves.

Signature	_____	Date	
Signature of parent if under 18	_____		

