



# REGISTRATION

For participation in classes at Alive and Shine Center. Please fill out every item neatly and clearly, giving thought to your words. Thank you.

Last Name  
Please Print

Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Phone: Preferred \_\_\_\_\_ Secondary \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Emergency contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_

### How did you find us? (check one below)

Friend  Internet  Radio Show  New Student Special Card  Business Referral (name) \_\_\_\_\_

Have you done yoga before? \_\_\_\_\_ For how long? \_\_\_\_\_ Which style? \_\_\_\_\_

I'm coming to class because I want to:  workout  stretch  lose weight  relieve stress  get stronger  
 connect to my spirit  feel inspired  make a positive change  other: \_\_\_\_\_

Please check any area that applies to you:  High Blood Pressure  Medication for High Blood Pressure  Pregnant  
 Recent surgery  On medication for depression Do you experience pain in your:  low back  knee  neck

List all present physical and mental problems and brief synopsis of past problems. (Indicate diagnosis by health care professionals and your symptoms. We need to know what you are experiencing.) Continue on back if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please read the following AGREEMENT OF RELEASE and WAIVER OF LIABILITY carefully before signing:

- I understand and acknowledge the fact that in yoga, as in other forms of exercise, sports, bodywork, or self-development, there exist certain inherent risks. I voluntarily participate in the yoga instruction at Alive and Shine Center or other programs offered at Alive and Shine Center and agree to assume full responsibility for all risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the yoga program or other programs offered at Alive and Shine Center.
- I understand that it is my responsibility to consult with my health care practitioner prior to and regarding my participation in yoga classes, workshops or other programs offered at Alive and Shine Center. By signing below, I release Alive and Shine Center and The Innerworks Company, as well as their agents, tenants, managers, employees, other students and individual instructors from liability, and hold them harmless for any injury to my person, and damage or loss to my property incurred while on the premises at 2255 – 140th Ave. N.E., Suite F, Bellevue, WA 98005, whether caused in or out of class, by negligence or otherwise.
- I know that yoga requires alignment of the body and that yoga teachers often adjust students to help them get the poses more accurately. By signing below I consent to such touch and adjustment. If I do not wish to be touched, I will clarify that fact in a signed writing and hand it to every teacher whose classes I attend, prior to commencement of class.
- I realize that just as students choose their teachers, teachers choose their students, and that some teachers may choose not to accept me as a student, and I agree to abide by the teacher's choice in the matter.
- I give my permission for Alive and Shine Center to use any photos or videos taken of me for their promotional or retail purposes.
- **I have read, understood and agreed to the refund policy on the back of this registration form.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

First

