

Please forward this Form to anyone you know who is interested in attending a YWCC class or workshop

# Yoga & Wellness Center of Columbia

2740 Devine Street @ Maple

## REGISTRATION FORM FOR CLASSES, EVENTS and WORKSHOPS

TO REGISTER TELEPHONE 765-2159 OR EMAIL [anahat@yogaandwellness.com](mailto:anahat@yogaandwellness.com) NO LATER THAN FRIDAY NOON BEFORE STARTING DATE!!

***Please read carefully, fill out registration box (please print), and sign:***

To my knowledge I do not have any limiting physical or mental conditions which would preclude my participation in any physical or mental exercise program. I understand that it is in my best interest to obtain my physician's approval prior to my participation in any exercise program. However, if I choose not to obtain approval prior to attending any program at the Yoga and Wellness Center of Columbia, I accept complete responsibility for my health and well-being. Throughout my participation in any Yoga and Wellness Center of Columbia programs, I understand that I am completely responsible for monitoring myself and honoring my limitations.

I understand that the exercises, instructions and advice presented in the classes or workshops are designed for persons who are physically and mentally healthy, and that they are in no way intended as a substitute for medical or psychological counseling. The Yoga & Wellness Center of Columbia disclaims any liability in connection with the exercises, instructions and advice expressed in the classes, workshops or printed material. I agree to hold harmless the Yoga and Wellness Center of Columbia, its instructors or any sponsoring agencies, and **AveNews** newspaper from any and all claims.

**PLEASE CHECK OFF ANY HEALTH CONDITIONS THAT SHOULD COME TO OUR ATTENTION**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Thyroid Condition     |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Respiratory Condition |
| <input type="checkbox"/> Headaches    | <input type="checkbox"/> Digestive Disorders   |
| <input type="checkbox"/> Joint Pain   | <input type="checkbox"/> Sleep Disorders       |
| <input type="checkbox"/> Fatigue      | <input type="checkbox"/> Depression            |
|                                       | <input type="checkbox"/> Other: _____          |

**OPTIONAL**

**Briefly describe your purposes and goals as a participant in YWCC classes and workshops:**

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**Name of Class/Workshop:/Event**

**Dates/Days/Times**

**Name:**

**Address:**

**Birthdate:**

**Gender:**

**Hm Phone:**

**Wk Phone:**

**Fax:**

**Cell/Mobile:**

**Email Address:**

**Occupation:**

**Employer:**

**Signature: X**

**Date:**

If this is your first visit to the Yoga and Wellness Center, please fill out this Registration Form, complete with signature and date, and give it to your instructor before class/workshop. In the future, we ask that you notify us of any changes to your personal information. Changes may be submitted on this same form. How did you hear about the Yoga and Wellness Center of Columbia?? \_\_\_\_\_