

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

REGISTRATION FORM FOR CLASSES, EVENTS AND WORKSHOPS

TO REGISTER FOR SPECIAL EVENTS AND WORKSHOPS, PLEASE SUBMIT THIS FORM AND TELEPHONE 765-2159 OR EMAIL anahat@yogaandwellness.com NO LATER THAN 48 HRS BEFORE THE START OF THE EVENT/WORKSHOP!!

All persons attending a CLASS or WORKSHOP are required to submit a signed Registration Form to Instructor before the start of the class/workshop. If you have a Registration Form on file with us, you only need sign the form and notify us of any changes to your health and/or home/email address.

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

OPTIONAL

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

- | | |
|--|--|
| <input type="checkbox"/> High Blood Pressure | <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"/> Overweight | <input type="checkbox"/> Other: _____ |

Name of Class/Workshop: _____

Name: _____

Address: _____

Birthdate: _____ **Gender:** _____

Hm Phone: _____ **Wk Phone:** _____

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?? _____

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Fax:	Cell/Mobile:
Email Address:	Would you like to receive news of events/calendars via email?
Occupation:	Employer:
Signature: X	Date:

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