



Yoga and Wellness with Anahata

(803) 765-2159 anahat@yogaandwellness.com

REGISTRATION FORM FOR NEW STUDENTS

Please read carefully, fill out and sign:

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, I accept complete responsibility for my health and well-being throughout my participation in any Yoga and Wellness Center 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. I agree to hold harmless Yoga and Wellness and Nicki Musick from liability in connection with the exercises, instructions and advice expressed in the classes, workshops or printed material.

What Class Or Course Are You Taking?

Briefly explain any health conditions that should come to my attention.

Briefly describe your purposes and goals as a participant in Yoga and Wellness Classes, Services and Events.

NAME: _____

EMAIL ADDRESS _____ AGE _____

BEST PHONE #: _____ signature: _____ date: _____

Peace and Blessings!