



REGISTRATION

FOR PARTICIPATION IN YOGA CLASSES AT KONA YOGA

| | |
|----------------|------------------------------|
| Name | Date |
| Address | Visitor: Local Accommodation |
| City/State/Zip | Phone: |
| Occupation | *E- mail address: |

1) Have you done yoga before? ____ For how long? ____ Which style? _____

2) List all present medical problems and a brief synopsis of past problems. Also indicate diagnosis by health care professionals and your symptoms. Without assuming the diagnosis to be correct or incorrect, it is important to know what you are experiencing. Please continue on the back of this page, if necessary.

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

I understand and acknowledge 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 taught at KONA YOGA and agree to assume full responsibility for all risks, injuries or damages known or unknown, which might incur as a result of participating in the yoga program offered.

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 KONA YOGA. By signing below, I release KONA YOGA, its owner and instructors, as well as Keauhou Sunset Corporation (landlord), other students and individual substitute teachers from liability, and hold them harmless for any injury to my person, and damage to my property while on the premises at 77-6425 Kuakini Highway, Kailua-Kona, HI 96740, 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.

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 acknowledge and accept that all tuition fees, once paid, are not refundable.

Signature _____ Date _____

*If you would like to receive our weekly e-News, please indicate so here: ____ Yes!

We also use e-mail for last minute class cancellations and/or schedule changes. We do not share or sell our list of addresses.