

*- ashtāṅgā - sādhanā -*

**REGISTRATION/WAIVER**

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

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

I am registering for \_\_\_\_\_ Amt Paid \_\_\_\_\_

If applicable, on (which date(s) & time(s)) \_\_\_\_\_

**Where did you learn of the retreat or Lori Brungard?** (please check those that apply)

Email list \_\_\_\_\_ Internet Search (for?) \_\_\_\_\_ kpjayi.org \_\_\_\_\_ ashtanga.com \_\_\_\_\_

Chat Board (which?) \_\_\_\_\_ Newspaper/Mag Ad or Listing (where?) \_\_\_\_\_

Poster/Postcard (where?) \_\_\_\_\_ Friend told me (who?) \_\_\_\_\_

**Previous yoga studies**

number of years studied  
how many times a week?  
Former teachers/ schools /styles  
Do you have a daily yoga practice ?

**Exercise**

What other exercise do you do?  
How much/often?

**Medical History**

Please list injuries and medical conditions or operations that have impacted your mobility and your health in general.

Do you take prescribed medication for a medical condition?

**Waiver & Cancellation/Refund Policy**

1. I understand that due to others' travel plans and lodging policies, my payment for this Yoga retreat is non-refundable.
  2. I understand that my payment does not cover airfare to STX, local transportation, one meal/day, and local activities in St. Croix
  3. I agree to abide by the House Rules of Villa while staying there.
  4. I understand that I will be charged a \$35 fee if my check is returned for lack of funds, in addition to the check amount.
  5. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Classes/Workshops with Ashtanga Sadhana /Lori Brungard. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Classes/Workshops.
  6. In consideration of being permitted to participate in the Yoga Class or Workshop, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
  7. In further consideration of being permitted to participate in Yoga Classes/Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Ashtanga Sadhana, Lori Brungard, and owner of the Villa in St. Croix, for any injury or damages that I may sustain as a result of participating in the program and residing in the Villa.
  8. I will inform the instructor of any new injury or condition (such as being pregnant) which might affect my ability to practice.
- I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_