

www.ashtangasadhana.com
646.319.5988

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 Ashtanga Sadhana or Lori Brungard? (please check those that apply)

Email list _____ Internet Search (for?) _____ Facebook ___ 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 (if so, what?)

Waiver & Cancellation/Refund Policy

1. I understand that a refund of my payment for workshops and classes is subject to a \$35 processing fee in case of cancellation up to three weeks prior to the start date of the event. If I must cancel later than this, I must find someone to replace me in order to receive a refund minus this fee, or receive Ashtanga Sadhana class credit. If I cancel within 48hrs of the event, I will not receive any refund.
2. 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.
3. 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. 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.
4. 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.
5. In further consideration of being permitted to participate in Yoga Classes/Workshops with Ashtanga Sadhana, I knowingly, voluntarily and expressly waive any claim I may have against the Ashtanga Sadhana, its instructors and staff, The Shala, Yoga to the People, Inc, 303 E. 8th St. HDFC, Randy Warshaw, or Calvert Vaux, for any injury or damages that I may sustain as a result of participating in the program.
6. I will inform the instructors 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: _____