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**Please Print**

Student's Name: \_\_\_\_\_ Male      Female

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Would you like to receive our NEWSLETTER? YES/NO**

Please provide E-Mail if YES: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
(W) \_\_\_\_\_

Emergency Contact (Name & Phone number): \_\_\_\_\_

How did you learn about RISING SUN YOGA? Newspaper Ad / FB/ Web search /walking by/ friend / other:  
\_\_\_\_\_

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**MEDICAL HISTORY**

Describe your experience with yoga (style, length of time, regularity)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you looking for in a class?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health concerns or conditions for which you need to modify the postures or pranayama techniques?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PLEASE TURN OVER!**



**CONTRACT AGREEMENT**

**HEALTH**

I warrant that I am in good health and that I am not aware that I have any health problems other than those indicated above. I hereby acknowledge that I have been advised to see my doctor to discuss any concerns I may have about participating in the program.

**EXCLUSION OF LIABILITY**

I declare that I understand the nature of the program and I also understand that the nature of this document is to waive my rights against Rising Sun Yoga, its instructors and the establishments where these yoga classes are practiced in the event something should happen to me while participating in the program and that by signing this document I release them from any responsibility and liability

I understand that Rising Sun Yoga assumes no responsibility for any loss or damage to any personal property on the premises at which the program is conducted.

**AGREEMENT**

I agree to assume all risks involved in taking and participating in the Yoga classes. I acknowledge having read this liability release and that I am of the full age of consent, and my acceptance of the above disclaimer clause is understood and evident by my signature. (Parents or legal guardians please provide signature for minors.)

**REFUND POLICY**

There is no refund of fees once the program has begun.

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**ACKNOWLEDGEMENT OF CONDITIONS**

**The student acknowledges having read, understood and agreed to the Terms and Conditions set forth and indicated within this Contract.**

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
(Custodial Parent/Legal Guardian if student is under 18 years of age)  
Name: (Print) \_\_\_\_\_  
Date: \_\_\_\_\_  
Witness: \_\_\_\_\_

**PLEASE TURN OVER!**