



Yoga Student Waiver Form

Name: _____ **Date:** _____

Address: _____

Phone: _____

Email: _____

Have you practiced yoga before? _____

If yes, for how long? _____

Do you have any injuries or limitations we should be aware of? (example: injuries, arthritis, asthma, allergies, etc.)

If you have injuries and are on medications, do you have your doctor's consent to practice?

If at any time during the class, you feel discomfort or strain, please come out of the posture. You may rest at any time during the class. It is important that you listen to your body and take what feels good for you.

I understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the studio, is liable for any injury, or damages, to person or property, resulting from taking the class. **Those under 18 years of age must have this form signed by a parent or guardian**

_____ Printed name _____ Signature _____ Date _____

Name _____ One year program _____ 3 years program _____

Billing Information Billing Options:

Name on Card: _____

Card Number: _____ Expiration Date: _____

CV2/CVV2: _____

Billing Address: _____ Employer-Funded _____

Billing City: _____ State: _____ Zip code: _____

Address _____

Phone: _____ Monthly Transaction Date _____

Print your name _____ Signature _____

Date _____

Total Payment Due (Membership Bundle): _____

Full payment _____ Monthly payment _____

Cancellation: Membership plans can be canceled at any time; however, all cancellation requests must be submitted via [email](#) and received thirty (30) days prior to your credit/debit card processing date. Membership cancellations initiated by the client before ½ of the contract duration (6 months) will be charged full price up to the 6-month mark. Cancellations after the 6-month mark will be charged 50% of the remaining contract duration. All plans and monthly memberships require a minimum of 30 days written notice prior to next billing date to assure cancellation of automatic payments. Cancellation requests submitted within the 30-day billing cycle will result in a final payment drawn from your account on your established auto draft date. It is your responsibility to provide written notice 30 days in advance of your next billing date. There will be no refund issued once a payment has been charged to your credit card. All monthly recurring term plans require 30 days written notification prior to your next bill date and will incur an early cancellation fee equal to one month membership for that plan.