

OJAS

wellness center

Group Class New Student Registration

Name _____ Phone _____

Street _____ City _____

State _____ Zip Code _____ E-mail _____

Date of Birth _____ Emergency Contact/Phone Number _____

Occupation _____ Employer _____

How did you learn about us? (Please check one)

Friend/Referral **PLEASE PRINT NAME**

Walk In/Drive-By Internet Advertisement Phonebook

Other: _____

What previous or recent accidents, injuries, surgeries, or health conditions do you have?

Are you currently under any medical care or supervision? _____

If so, what for? _____

Do you exercise? If so, what type of activity? _____

Are you pregnant? _____ Due Date? _____

Are there any other issues, concerns or information you would like your instructor to know?

What type of class are you attending today? Yoga Mat Pilates

Experience: None Less than 1 year More than 1 year Other _____

Class Policies:

1. A student who is new to Ojas may purchase an introductory 2-class card for \$10. This card has an expiration date of 20 days from the date of purchase and is not renewable.
2. Six month, Three month, and Wellpass VIP Monthly Unlimited class packages must be utilized within the expiration period of that specific package.
3. Class Cards or Unlimited Class Packages may not be decreased (i.e. from 15 to 10), or transferred to other services, so please choose class cards carefully based on your schedule and goals.

I hereby agree to the following:

I have read and understand the class policies.

I agree to take full responsibility for not exceeding my limits in the study and practice of Yoga/Mat Pilates and for any injury or discomfort I might experience in the study and practice of Yoga/Mat Pilates. I recognize that Yoga/Mat Pilates requires physical exertion, which may be strenuous and I am aware of the risks and hazards involved.

It is my responsibility to consult with a physician prior to and regarding my participation in Yoga/Mat Pilates class.

I do forever release Ojas Wellness Center, the practitioners and their insurers, from all liability of any nature whatsoever, whether past, present, or future for injury or damage which may occur. I agree to hold harmless and defend Ojas Wellness Center and the practitioner of and all actions, claims, or other legal or administrative action that has arisen or may arise from my participation in this service.

I waive any claim that I might have at any time for injury of any sort against Ojas Wellness Center and any instructors at the Ojas Wellness Center or entity involved therewith.

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.

Signed: _____

Date: _____