

OJAS

wellness center

Ojas Private Instruction Guest Registration

PERSONAL CONTACT INFORMATION

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ Phone _____

Please Print E-mail _____

Occupation _____ Employer _____

Preferred Method Of Future Appointment Confirmations:

Email Text Email & Text

*Email and text confirmations occur at time of booking.

For text confirmation, please check:

Verizon

Sprint

AT&T

Other _____

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

Friend/Referral **PLEASE PRINT NAME** (Friend receives Wellness Reward points)

Walk In/Drive-By Advertisement Phonebook Other: _____

Please indicate any health concerns, physical conditions or disabilities that might limit participation in class, as well as any medication you are currently taking:

Pilates /Yoga Experience: None Less than 1 year More than 1 year Other _____

Class Policies:

1. Private classes are by appointment only. Please schedule your classes when you purchase your package. Classes not scheduled in advance cannot be guaranteed the same time slot.
2. Students may purchase private classes individually or in packages of 5 or 10.
3. If students cannot make a scheduled private class, please notify us 24 hours in advance to reschedule. If a student does not show up for a scheduled private, the student forfeits that class.

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 Pilates/Yoga and for any injury or discomfort I might experience in the study and practice of Pilates/Yoga. I recognize that Pilates/Yoga 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 Pilates/Yoga.

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.

Signature: _____

Date: _____