

ASHTANGA YOGA VANCOUVER



NAME

ADDRESS

PHONE EMAIL

| UNLIMITED | | MULTI-CLASS | | DROP-IN | | |
|-----------|-----------|---------------|-------------|------------|------------|-----|
| 3 MNTH | 1 MNTH | 3-WK INTRO | 10 CLASS | 5 CLASS | MYS ORE | LED |

Please mark the pass you've purchased.

EXPIRES:

Please list any physical conditions that may limit your participation in physical exercise (i.e. heart trouble, ulcers, low or high blood pressure, pregnancy, diabetes, arthritis, hernia...). All information will be kept confidential.

I certify that the above information is true and complete, to the best of my knowledge. I fully understand that this class is educational, and that I am solely responsible for my health, safety, and well-being while participating. I agree that I will inform my instructor of any activity which I cannot safely perform, and that I will not perform any activity which I feel is likely to cause me to injure myself. I will respect my limitations. I agree to hold the instructor harmless from any and all responsibility for any injury that I may sustain during or as a result of my yoga class.

DATE _____ SIGNED _____

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