



Rose Yoga  
OF ASHLAND

## Workshop Registration

*Pre-registration and payment is required to reserve your spot in the class.*

Name \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Which workshop are you registering for? \_\_\_\_\_

Please complete form below if this is your first time at Rose Yoga, and enclose a check or money order made payable to **“Rose Yoga Center.”** Send this form and payment to:

**685 A Street, Ashland, OR 97520**

New Student Form	Waiver of Liability/Informed Consent
Name _____	I, _____ have enrolled in a
Address _____	program of strenuous physical activity including but not
City _____ State _____ Zip _____	limited to various yoga and meditation exercises offered at
Home Phone _____	Rose Yoga Center. I understand that it is my responsibility
Work Phone _____	to consult with a physician prior to and regarding my
Email _____	participation in any yoga class or workshop. I represent
(used only to provide updates about class schedule and communication between you and Rose Yoga)	and warrant that I am physically fit and I have no medical
Physical limitations, injuries, etc _____	condition that would prevent my full participation in the
_____	classes or workshops.
In emergency contact _____	I recognize that the classes may require some
at _____	physical exertion, which may be strenuous and may cause
Where did you hear about Rose Yoga Center?	physical injury, and I am fully aware of the risks and
_____	hazards involved.
_____	I hereby release Rose Yoga Center from any
_____	liability now or in the future for any injury or ailment,
_____	however caused, occurring during or after my
_____	participation in classes or workshops.
_____	In consideration of my participation in classes at
_____	Rose Yoga Center, I, for myself, my heirs, and assigns,
_____	hereby release Rose Yoga Center and its instructors from
_____	any claim, demands and causes of action arising from my
_____	participation in their classes or workshops.
_____	I have read the above waiver, and fully
_____	understand its contents.
_____	Signature _____ Date _____