

**Michelle's Yoga**  
**Michelle Musci, RYT**

**Registration/Waiver for Piney Branch Teachers/Staff**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

I am registering for \_\_\_\_\_ Amount Enclosed \_\_\_\_\_

Day/Time \_\_\_\_\_

**Please Make Check Payable to Michelle Musci**

**Previous Yoga Studies:**

Number of Years studied? \_\_\_\_\_

How many times a week? \_\_\_\_\_

Former styles of yoga? \_\_\_\_\_

Do you have a daily yoga practice? \_\_\_\_\_

**Exercise:**

What & How often: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical History:**

Please list injuries and medical conditions or operations that have impacted your mobility and your health in general?

Do you take prescribed medication for a medical condition?

**Waiver and Cancellation/Refund Policy:**

1. I understand that a refund of my payment for this class/workshop is subject to a \$30 processing fee in case of cancellation before the first week of class has ended. No refunds will be given after the first week of class.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga classes or workshops with Michelle Musci. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the yoga classes/workshops.
3. I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the program.
4. I knowingly, voluntarily and expressly waive any claim I may have against the instructor, Michelle Musci, for any injury or damages that I may sustain as a result of participating in the program.
5. I will inform the instructor, Michelle Musci, of any new injury or condition (such as being pregnant) which might affect my ability to practice. 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: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_