Circle Yoga Registration

Register at www.circleyoga.com or mail or drop off registration forms:
Circle Yoga, LLC & Budding Yogis
3838 Northampton St., NW
Washington, DC 20015
phone: 202.686.1104
or fax credit card registrations:
fax: 202.686.9293

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Have you taken yoga before? _____ Where and When: _____

Do you have any injuries/health conditions/allergies? Please explain: _____

How did you hear about us? _____

☐ Check here if you prefer not to receive printed schedules by mail.

Session	Class/Workshop Description	Day & Time	Fee
		Amount Enclosed or Charged to Credit Card	

- Class sizes are limited. Registrations and drop-ins are accepted on a first come, first served basis.
- Make-up, Refund and Late Policies can be found at www.circleyoga.com
- A $20 fee will be charged for all returned checks.
- Limited scholarships are available to anyone who cannot afford to pay the full fee. If scholarship is needed, ☐ *check here.*
- If you have any questions, contact Circle Yoga: info@circleyoga.com or 202.686.1104

Student Liability Waiver Agreement: I understand that Circle Yoga (CY) classes includes physical movements and exertion. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in CY classes. I represent and warrant that I am in good health and physical condition and I have no medical condition which would prevent my full participation in CY classes. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature below verifies that I have my physician's approval to participate. In consideration of being permitted to participate in CY classes, 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. In further consideration of being permitted to participate in CY classes, I expressly irrevocably release and waive any claims that I have now or may have hereafter for any reason against Circle Yoga LLC, its owners, employees and independent contractors, for injury or damages that I may sustain as a result of participating in a CY class.

Photos: I may be photographed during yoga classes and these photographs may appear in Circle Yoga promotional materials unless otherwise specified. No person whose photograph is used will be identified by name, nor will any compensation be extended for such use.

I have carefully read and fully understand and agree to this waiver and release.

I recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the District of Columbia.

Printed Name: _____

Legal Guardian: _____
(If participant is under 18)

Signature: _____ Date: _____

For registrations with credit card payment by phone or mail:

Visa / MC: ___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Expiration Date: ___|___| / ___|___|

Signature: _____ Name as appears on card *(please print):* _____

For Circle Yoga Staff:
Date & Time Received _____
_____ Entered in Yoga Reg ☐