

# CLASS REGISTRATION – Prenatal Yoga

For participation in classes with Elizabeth Bonet. Please fill out every item. Thank you.

Registering for Monday class \_\_\_\_\_ Wednesday class \_\_\_\_\_

Today's Date \_\_\_\_\_ How many weeks pregnant are you? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_

E-Mail Address (Please print clearly! I will confirm your spot in the class by email.)

\_\_\_\_\_

How did you find me? (check one) If doctor, midwife, or friend please list name if you're comfortable doing so (I like to send thank you notes ☺): \_\_\_\_\_

\_\_\_\_\_ Flyer \_\_\_\_\_ Dr./Midwife \_\_\_\_\_ Friend \_\_\_\_\_ Internet \_\_\_\_\_ Other (please list)

Emergency contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Any Previous Children? \_\_\_No \_\_\_If Yes, please list ages \_\_\_\_\_

Please let me know anything physical and/or mental that is going on for you. Be sure to indicate any past injuries or relevant surgeries. Continue on back if necessary.

\_\_\_\_\_

\_\_\_\_\_

Why do you wish to start or continue the practice of yoga? Continue on back if necessary.

\_\_\_\_\_

\_\_\_\_\_

Have you done yoga before? \_\_\_No \_\_\_If yes, for how long? \_\_\_\_\_

Which style (if you know)? \_\_\_\_\_

Please read the following AGREEMENT OF RELEASE and WAIVER OF LIABILITY carefully before signing:

In consideration of and as inducement to you enrolling me as a student of Elizabeth Bonet and The Yoga Institute of Broward, 10400 Griffin Road, Suite 205, Cooper City, FL 33328. I represent and agree as follows:

1. I am presently in good health. I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to perform all Yoga

exercises.

2. I understand and acknowledge that I am to receive instruction in Yoga theory and exercises only, and I will not hold Elizabeth Bonet, The Yoga Institute of Broward, it's partners, instructors or employees to any higher standard of care than that applicable to a school of Yoga theory and exercises.

3. I hereby release, waive, discharge and covenant not to sue ELIZABETH BONET and The Yoga Institute of Broward, IT'S OWNERS, IT'S INSTRUCTORS, IT'S AGENTS AND EMPLOYEES, (all for the purposes herein referred to as "RELEASEES"), from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death or injury of the undersigned, whether caused by the negligence of the Releasees or otherwise while I am in or upon the premises used by Releasees.

4. I hereby assume full responsibility for and risk of bodily injury, death or property damage that maybe due to the negligence of Releasees or otherwise while I am in or upon the premises and/or while practicing Yoga exercises or other activities, programs or education offered by Releasees.

5. I expressly agree to indemnify and hold harmless Releasees, for any attorney's fees, court costs (not limited to taxable) and any other expense that may be incurred by Releasees, arising out of the necessity of defending any law suit instituted by virtue of injuries, death or property damage suffered by me, or injuries, death or property damage caused by me.

6. I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

7. I have read and voluntarily signed this form, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made. This release contains the entire Agreement between the parties hereto, and the terms of this release are contractual and not a mere recital.

8. The tuition paid herewith and such registration fees paid hereafter are non-refundable and non-transferable.

I FURTHER STATE THAT I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND FULLY AGREE WITH IT AND UNDERSTAND IT, AND I SIGN THE SAME AS MY OWN FREE ACT.

Please be sure to check with your doctor or midwife to make sure it's o.k. for you to do prenatal yoga. I don't require notes, but I assume that you have already checked with them regarding the class. Usually just a quick call to their office is enough to get an o.k. If you have had more than one previous miscarriage and/or are considered high risk, please call me (954.533.4000) or email me (elizabeth@yogafairy.com) before registering.

**I have read, understood and agreed to the agreement above and the refund policy below.**

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Class Refund Policy**

You may ask for a refund within the first week of class and receive the balance of your payment. No refunds after the second class. Special circumstances (bed rest, premature labor, etc.) will be given special consideration.

**Class Cost**

\$128 for a full session / 8 weeks of prenatal yoga

**Mail form with check or money order to:**

Elizabeth Bonet  
The Yoga Institute of Broward  
10400 Griffin Rd., Suite 205  
Cooper City, FL 33328

**Questions? Call me! 954.533.4000**