



# SAVY International Inc.



## REGISTRATION FORM FOR YOGA & YOGA THERAPY

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone : \_\_\_\_\_ Other Phone(s) : \_\_\_\_\_

Photo ID \_\_\_\_\_ Photo ID Number \_\_\_\_\_

Email(s): \_\_\_\_\_ Birthday: (MM/DD/YYYY) \_\_\_\_\_  Female  Male

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Injuries, illness, or medical conditions: \_\_\_\_\_ Drug Allergies \_\_\_\_\_

How did you discover us? \_\_\_\_\_ What is your primary goal (s) with SAVY International? \_\_\_\_\_

Have you practiced yoga before?  No  Yes What forms? \_\_\_\_\_ Where? \_\_\_\_\_

Have you had a therapeutic massage before?  No  Yes What type? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

What other forms of exercise do you do? (Specify): \_\_\_\_\_

### Release and Waiver of Liability

I (please **print** name) \_\_\_\_\_, have made a voluntary request to participate in yoga classes, workshops and health programs at SAVY International Inc. Yoga Studio, during which I will receive information and instruction about yoga, pranayama, shatkarma, marma points and other yoga procedures. I recognize that these require physical exertion that may be strenuous and, even with clear instruction, there is a possibility of a physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult a physician prior to and regarding my participation, to continue taking medicines, if any, for my medical problems and proper medical follow up of my medical conditions by a qualified physician. I have no such serious medical condition, which would prevent me from taking part in yoga classes and other workshops, and I assume full responsibility for any risk or injury I may sustain as a result of my participation. I confirm that I do not have a taboo of touch and I agree to being corrected verbally and physically during the course of instruction. I also understand that I shall be committed to attend the program regularly and it will be my sole responsibility to attend the program without any break. Any missed classes during the programs will not be compensated in any way. I understand that classes purchased as class passes, class cards, memberships, workshops, private sessions, Gift Certificates etc are non-refundable and non-transferable. I also understand that the role of the instructor assigned will be only advisory and no results whatsoever are guaranteed. I also confirm that I have not been assured of or given any warranty or guaranty of any miraculous cures with yoga. I understand that services are being provided subject to my undertaking that in case of any controversy whatsoever, I shall, first of all, inform SAVY International Inc in writing. Every effort will be made by both parties to settle any controversy arising out of or relating to the matter. Only if this is unavoidable, then it shall be submitted for arbitration. I hereby agree to irrevocably release and waive any claims that I have now, or hereafter may have, against Jitender K Sahdev and/or his assistants, and/or SAVY International Inc., its agents, owners, officers, directors, instructors, sponsors, and other participants, events, activities or workshops. I, my heirs and legal representatives, forever release, waive, discharge and covenant not to make any claim against, sue or attach the property of Jitender K Sahdev and/or SAVY International Inc., or any of its affiliated organization or above-mentioned parties for any injury or death caused by their negligence or other acts. I have read the above release and waiver of liability and fully understand its contents. I have received and read a copy of the SAVY International Inc. Policy Statement and understand the terms and conditions stated and voluntarily agree to them.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

If the participant is **under 18** :

I HAVE READ AND FULLY UNDERSTOOD AND HEREBY GIVE MY CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_  
AS LEGAL GUARDIAN OF : (please **print** name)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF GUARDIAN / PARENT OF PARTICIPANT

WITNESSED BY : \_\_\_\_\_