

Capitol Hill Yoga, Ltd. Workshop Registration & Waiver

(Please complete form and mail or drop-off at studio with payment.
Payment by Visa or MasterCard must be completed at the studio.)

Registrant Name _____

Name of Workshop _____ Date of Workshop _____

Preferred Phone # _____ Time of Workshop _____

Email _____

May we add your email
address to our list?

Yes No

Address _____

City _____ State: _____ Zip Code _____

I understand that yoga and Pilates include physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher.

Yoga and Pilates are not a substitute for medical attention, examination, diagnosis or treatment. Yoga and Pilates is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga or Pilates. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Capitol Hill Yoga, Ltd.

Signature: _____ Date: _____
(Student, or Parent/Guardian)

How did you hear about the workshop? _____