

# Inner Connections Yoga & Wellness, Salt Room & CommuniTEA

## Registration & Release Form

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Email:

Medical Health: Please list any physical or medical limitations you have or have had in the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned acknowledges the existence of certain inherent risks in yoga training, Salt Therapy, and massage, and hereby agrees to assume all said risks. The undersigned acknowledges that *Inner Connections Yoga & Wellness, Salt Room and CommuniTEA* is only a lessor of the premises in which the undersigned will engage in yoga training, Salt Therapy, or massage. The undersigned explicitly relieves and holds *Inner Connections Yoga & Wellness, Salt Room & CommuniTEA*, its general partners, its management, its instructors, its tenants, and other students harmless from liability resulting from personal injury due to the undersigned and/or loss of the undersigned's personal property, whether caused by negligence or otherwise.

The undersigned hereby represents that he/she is physically sound and that he/she has medical approval, if special medical problems require such approval, to proceed with this type of training, Salt Therapy, or massage, and agrees to promptly notify *Inner Connections Yoga & Wellness, Salt Room & CommuniTea* in writing of any medical condition, ailment, or symptom that may develop or manifest itself after the date below, and may affect the fitness of the undersigned to engage in such training or treatment.

**Note: 10-visits and gift certificates purchased for *Inner Connections Yoga & Wellness, Salt Room & CommuniTEA* are nontransferable and nonrefundable. Please purchase a membership that is appropriate for you and your schedule. Make sure to read all agreements thoroughly before submitting. You are responsible for their content, once signed.**

PRINT NAME: \_\_\_\_\_

Signed: \_\_\_\_\_

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