

You can mail in your payment and registration to: Inner Peace Yoga Center
5038 E. 56th St., Indianapolis, IN 46226

You may also pay with VISA, MASTER CARD and DISCOVER over the phone – 257-9642
USE THIS FORM FOR YOGA AND MEDITATION CLASSES.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE (h) _____ (w) _____ (cell) _____
EMAIL (optional) _____

1st Class Choice: Level _____ Day _____ Time _____
2nd Class Choice: Level _____ Day _____ Time _____
Known physical limitations _____

In consideration for permission to participate in, today and on all future dates, yoga instruction and classes at Inner Peace Yoga Center Inc I, the undersigned, expressly agree:

1. That I am physically sound to proceed with instruction in yoga. I hereby assume any and all risks involved in the exercise and instruction of yoga, including, without limitation, physical injury.
2. TO RELEASE Inner Peace Yoga Center Inc. and any of its owners, employees and agents from, and AGREE NOT TO SUE ANY OR ALL OF THEM on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of my participation in yoga classes or lessons, or my presence upon the premises of Inner Peace Yoga Center Inc., including, but not limited to those based on bodily injury, whether or not caused by the negligence or other fault of Inner Peace Yoga Center Inc.
3. I also understand my deposit and tuition are non-refundable and neither may be applied toward any future semester.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT. I UNDERSTAND THAT BY MAKING AND SIGNING THIS AGREEMENT, I SURRENDER VALUABLE RIGHTS, INCLUDING, BUT NOT LIMITED TO, MY RIGHT TO SUE. I DO SO FREELY AND VOLUNTARILY.

Date _____ Signature _____