

# Sun Moon Yoga Registration Form

Mail to: Sun Moon Yoga, 615 South Front St., Mankato, MN 56001 • Phone: 507.613.0994

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

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

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

The Class I am Registering for is: \_\_\_\_\_ Day/Time \_\_\_\_\_

This Class is a (please check one):  Studio Class  Specialty Class  Special Event

Emergency Contact Name and Phone: \_\_\_\_\_

Amount Paid: \_\_\_\_\_  Check # \_\_\_\_\_  Cash  Online Payment

*I understand the activity I am planning to undertake is entirely voluntary. I release Sun Moon Yoga and all instructors and independent contractors from any liability in the event of injury. In understand it is solely my responsibility to disclose any prior existing health conditions. It is my responsibility to discuss exercise with my physician.*

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

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