



Samdhana-Karana Yoga: A Healing Arts Center
 3014 6th Avenue, Tacoma, WA 98405
 (253) 254-6157 • SamdhanaKaranaYoga.org

Name _____

Address _____ City _____ State _____ Zip _____

cell _____ home _____ work _____

Email _____ Birthdate _____

Emergency contact _____ Relationship _____ Phone _____

Yoga experience: none 1 - 6months 6mos - 1year more than 1 year

Do you have any special needs? no yes If yes, please describe:

Have you been advised by a physician NOT to exercise? no yes

Any injuries? no yes

What is your reason/motivation for doing yoga?

What do you hope to gain from your yoga practice?

How did you hear about us? friend/family
 ad or sign google search other

How much will you be paying for your classes? (see sliding scale fee schedule) \$ _____

Annual Household Income	Drop-In Rate	10 Class Card
\$24,999 or below	\$7	\$63
\$25,000 to \$44,999	\$11	\$99
\$45,000 and above	\$15	\$125

May 17, 2011 • Prices subject to change - visit our website for up-to-date info.
 *household income - you plus husband/wife/partner

I want to make a donation of \$ _____
 to provide yoga classes to others in my community.

Please note: Your teacher will encourage you to work at your own pace and listen to your body. Please be responsible for your own well being. Our teachers are highly trained at giving instructions that will allow you to practice yoga safely. If you have any questions, please do not hesitate to ask.



WAIVER

I _____ (print name) understand that yoga includes 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. I will continue to breathe smoothly.

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



 Signature of student, parent or guardian