

Anusara Yoga Weekend Playshop with B.J. Galván
Certified Anusara Yoga Instructor Feb 26 - 28, 2010
Hosted by Yoga Studio, Inc

Last Name _____ First Name _____ MI _____ Nickname _____
Address _____ City/State/Zip _____
Home Phone _____ Cell _____ Email _____

Check the activities you wish to attend:

- _____ Handstand-O-Rama All Levels ~ Friday 6-8 pm
_____ Wing of Grace, Standing Poses & Backbends All Levels~ Saturday 8:30 – 10:00 am
_____ Wing of Grace, Standing Poses & Backbends Int/Adv Level~ Saturday 10:30 – 12:30 am
_____ Good Stuff is on the Inside, Forward Bends, Hip Openers, Twists All Levels~ Saturday 2:00-3:30 pm
_____ Good Stuff is on the Inside, Forward Bends, Hip Openers, Twists Int/Adv Level~ Saturday 4:00-6:00 pm
_____ Power of Lightness: Potpourri, Hand Balancing ~ All Levels~ Sunday 8:30 – 10:00 am
_____ Power of Lightness: Potpourri, Hand Balancing ~ Int/Adv Level~ Sunday 10:30 – 12:30 am
_____ Shift Happens: Potpourri, Inversions All Levels~ Sunday 2:00-3:30 pm
_____ Shift Happens: Potpourri, Inversions Int/Adv Level~ Sunday 4:00-6:00 pm

Each Session \$ 25 Early Bird, \$ 30 after Feb 12 Any 5 classes \$ 100 Early Bird, \$ 120 after Feb 12
Entire Playshop \$ 150 Early Bird, \$ 180 after Feb 12

Total payment enclosed \$ _____

Mail this completed form & payment to: Yoga Studio, Inc 2050 W. Main #3 Rapid City, SD 57702

The requested information is necessary in order to provide each participant with a safe and appropriate practice. All information will be kept confidential. **If you have been or are presently being treated for any of the following conditions, please indicate with a check and specify as needed.**

- Heart Disease _____ Orthopedic/Joint Issue(s) _____
 High Blood Pressure _____ Diabetes _____
 Back Issues _____ Epilepsy _____
 Arthritis, Bursitis _____ Recent Hospitalization/Surgery _____
 Migraine Headaches _____ Asthma _____
 Presently Pregnant ~ Due Date _____ Recently Gave Birth ~ Birth Date _____
 Smoker _____ Other _____

Emergency Contact: First & Last Name _____ Home Phone _____

Work/Cell Phone _____ Relationship _____

"I _____, understand that all forms of physical activity carry some risk for the participant, and that this risk may cover a wide range of incidents ranging from slight (such as, but not limited to: sprains, strains, sore muscles) to sudden death.

I understand that this course is intended for those persons who are able-bodied, healthy, and/or aware of their health status including any medical problems. I could be adversely affected by the techniques, poses, and movements that will be used and assume the risk connected to my participation in classes at the Yoga Studio. I further state that I have discussed my participation at the Weekend Playshop with my physician and she/he has given me clearance to proceed.

I understand that it is critical that I take responsibility for myself while participating in this group-oriented yoga class, which, by its nature cannot and does not anticipate any health issues or medical problems. If any poses, techniques, or movements are used which my physician has warned me will adversely affect my present medical condition, I agree to inform the instructor of the problem and to adequately modify or 'sit out' that particular pose, technique, or movement per the physicians recommendation.

I understand that the instructor cannot and does not act as a medical consultant and therefore cannot and will not advise me on the interactions of various poses, techniques or movements with any particular medical condition.

I specifically agree that I and my family and my heirs shall hold harmless from any and all claims, demands and causes of action arising from my participation at this weekend workshop, including but not limited to alleged mishaps and/or injuries, B.J. Galván, Yoga Studio, Inc, its officer, employees, agents and their families, estates and heirs."

Signature _____ Date _____