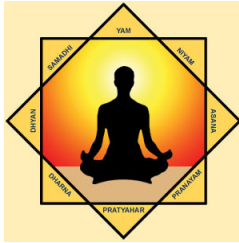


REGISTRATION FORM



Eastern Vibes Yoga

General information:

Name _____

Address _____

Phone _____ Email _____

Occupation _____

Gender _____

Date of Birth: day _____ Month _____ Year _____

What interests you in Yoga?

- Simply staying healthy
- Recovery from injury or illness
- Reducing stress
- Gaining flexibility/strength
- Finding peace of mind
- Relaxation
- Meditation
- Others

Standard Disclaimer

In consideration of Kiran Madan (herein after referred to as "the teacher") undertaking to provide Yogic and other related instruction and advice to me, I hereby understand, confirm and agree that I will practice Yoga at my own risk. I further understand, confirm and agree that at no time I will hold the teacher, other students or family members liable for any injuries or disturbances, which I may experience during the programs, sessions or practices. I understand and agree that while participating in yoga class that I decide and take complete responsibility for whether I want to receive, accept, apply or reject any advice or instruction offered by the teacher. I do further release the teacher, her family members or other students from any liability and from any and all claims, obligations, damages and causes of action that may arise as a result of my participation in any of her activities or programs, including, without limitation, any loss or theft of personal property.

I hereby confirm, understand and agree that it is my responsibility to check with my doctor or therapist before I start any exercise program, including the programs offered by Kiran Madan. I will inform the teacher regarding any medical or psychological conditions, prescriptions or any conditions regarding pregnancy before or at the beginning of any program or session. I agree to exercise reasonable and sensible caution for my well being while practicing Yoga or any other activity under her supervision.

Name _____ Signature _____

_____/_____/ 2009
Month Day