



STILLPOINT
 YOGA STUDIO
 PRACTICE. AWAKEN. ENLIGHTEN.

REGISTRATION AGREEMENT

155 Route 94, Suite 6
 Blairstown NJ 07825
 908-578-5475
 www.stillpointyoga.net

Name: _____ Sex: M / F Date of Birth: ___/___/___
 Add'l Family: _____ Sex: M / F Date of Birth: ___/___/___
 Address: _____ City: _____ State: _____ Zip: _____
 E-Mail: _____ Cell: _____ Home: _____

Emergency Contact: _____ Phone: _____

Information: Start Date: _____ Today's Date: _____

IMPORTANT POLICIES: Please read before signing

1. Release and Waiver of Liability STUDENT INTIAL: _____

I, for myself, my heirs, executors and assigns, have read and understand this waiver and have been fully informed of and acknowledge, assume and accept the risks inherent in the use of StillPoint Yoga Studio services and facilities. I voluntarily assume the risk of injury, accident, death, loss, cost or damage to my person or property which might arise from my use of the Studio and I release the Studio from any and all claims and liabilities resulting from the ordinary negligence of the Studio and its owners, officers, employees or agents. I certify that I am in good physical health and am able to undertake and engage in the range of physical activities and programs in which I choose to participate. I assume all responsibility for updating the Studio of changes in physical and mental condition and for reporting all injuries sustained at the Studio to the manager on duty at the time.

*(Please note that a parent or guardian must sign at the bottom of this form if the student is under 18 years of age).

2. Photograph & Video Release Form STUDENT INTIAL: _____

I hereby consent to the photographing or videotaping of myself and the recording of my voice and the use of these photographs, video tapings and/or recordings for advertising, publicity, commercial or other business purposes without payment or any other consideration. I hereby release StillPoint Yoga Studio LLC, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies from all claims of every kind on account of such use.

3. Class Fees and Memberships STUDENT INTIAL: _____

Class Fees: Students may purchase single class or multiple class cards. Discounted rates based upon classes purchased. All multiple class cards have expiration dates.

Memberships: Monthly memberships include unlimited yoga classes. Monthly memberships require a 3-month minimum guarantee. Cancellations require 30 days notice. Freezes permitted as outlined below in item 4. No exceptions. Payment can be made by check made out to StillPoint Yoga Studio LLC or by credit card. Monthly memberships include unlimited yoga classes.

4. Fees for Changes, Membership Freezes, Early Cancellations STUDENT INTIAL: _____

Cancellation: Students may cancel their registration obligation at any time, without reason, by giving 30 days notice in writing. No refunds will be paid.

Membership Freezes: To freeze your membership, a request must be submitted in writing at least 30 days in advance of your next billing date in order for your request to be effective for the following month. Billing date is based on your activation date listed. Provided that a membership has been active for a minimum of three (3) months, students may freeze their membership for up to two weeks per year in each six month calendar. The freeze is activated at the start of the next billing cycle.

StillPoint Yoga Studio Agreement / Terms of Billing/Use of Facility: I understand that I am responsible for updating my payment on time with either a check or online credit card. If at any time I decide to make any changes, I will email or write StillPoint Yoga Studio LLC. Change of payment method will not affect other provisions and terms of my Agreement. It is necessary to add \$20 service charge to all returned items or for payments that are 30 days past due.

 Student Signature

 Date