

**TWO MUCH FUN PRODUCTIONS**  
**Registration Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail address \_\_\_\_\_

Are you under the care of a therapist/counselor or psychologist? \_\_\_\_\_

If yes, who? \_\_\_\_\_

Are you under a doctor's or care? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

Are you on any medications? \_\_\_\_\_ For what? \_\_\_\_\_

Do you have any new or recent injuries? \_\_\_\_\_ Explain \_\_\_\_\_

How are you treating them? \_\_\_\_\_

Do you have any injuries/conditions that continue to give you challenges? \_\_\_\_\_

Describe them \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ How many weeks? \_\_\_\_\_ Any, concerns: \_\_\_\_\_

\_\_\_\_\_

Do you stretch &/or exercise regularly? \_\_\_\_\_ How often? \_\_\_\_\_

What type(s)? \_\_\_\_\_

Have you taken a yoga class before? \_\_\_\_\_ How long ago? \_\_\_\_\_

What type(s)? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

How long? \_\_\_\_\_ Are you under any stress at work? \_\_\_\_\_

## WAIVER

I understand that the activity that I am planning to undertake is voluntary. I release Jane F. Meinz, M.A., Cindi Buenzli Gertz, Certified Kripalu Yoga Instructor, and all independent contractors from any liability in the event of injury. I understand that yoga may help my general well-being but is not considered therapy or a replacement for medical advice from my physician. It is my responsibility to discuss exercise and health concerns with my care providers. I understand that it is solely my responsibility to disclose any prior existing health conditions. This information will be kept confidential by the instructors and is used solely to make modifications in class.

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**Signature**

**Date**

### Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PAYMENT/REFUND POLICY

**Workshops:** Please list the workshop(s) you are committing to:

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**Commit to a workshop in order to guarantee a space:** Payment is due two weeks prior to the workshop in order to guarantee your space. **Be sure of your commitment: No refunds are given seven days prior to the date of the workshop.** Workshops will require a minimum of eight students to be held and will be limited to the number of students that the space and instructors can comfortably accommodate.

**Please make checks payable to:** Cindi Buenzli Gertz **and mail with your signed waiver to:** Conscious Living Arts, 132 Fay Street, Amery, WI 54001.

**Questions/Information?** Call Jane at 715-483-3150 or e-mail [janem007@centurytel.net](mailto:janem007@centurytel.net) or call Cindi at 715-268-2860 or e-mail [consciousoivingarts@hotmail.com](mailto:consciousoivingarts@hotmail.com) (checked only once per week). Keep updated on future workshops by visiting [www.earthartswi.org](http://www.earthartswi.org) and looking for TWO MUCH FUN Productions.

**Thank you for your interest and for taking the time to complete these forms!**