



Tamarack | Yoga Program

WELLNESS CENTER

Received _____
by _____

Registration Form

Last / First Name _____

Address _____ City/State _____ Zip _____

Home Phone _____ Work/Cell _____

Email Address _____ Friend's Email _____

Please send me email announcements from Tamarack. Please send me mail by U.S. Post from Tamarack.

Health Concerns, limitations, Please specify (e.g. pregnancy, high blood pressure, etc.)

Person to call in case of emergency:

Name _____ Relationship _____ Phone _____

How did you first hear about Tamarack Wellness Center?

- Eugene Weekly Internet Word of Mouth Walk-In
- Register Guard Radio Friend Eugene Health & Wellness Celebration
- Alternatives Magazine TV Coupon/Free Class Mailer
- Other Sources _____

How could our schedule serve you better? _____

As a student at Tamarack Wellness Center, I take full responsibility for my participation in yoga classes. I agree to listen to my body, take classes appropriate to my level and experience, and to work at my own capacity in each class. I hereby release the instructors, the director, and the staff of Tamarack and the facility from liability resulting from any injury or discomfort from my attendance and participation.

Signature OF PARTICIPANT _____ Date _____