

# State of Grace

**Yoga and Wellness Center  
104 East Hartford Ave. Unit A  
Uxbridge, MA 01569  
508-278-2818**

## Registration and Release Form

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
(Participant)

Address: \_\_\_\_\_  
(Mailing) Street Town State Zip Code

Home Phone # \_\_\_\_\_ Work or Cell # \_\_\_\_\_

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

Would you like to be on our e-mail list to receive our newsletter?\* Yes\_\_\_ No\_\_\_

\*Privacy Policy: Information will be used only by State of Grace/Nancy Anger to provide information regarding services, schedules, specials and events, workshops, class updates or cancellations and other related information. You may be removed from a list anytime upon request.

Please list any relevant injuries, limitations or health concerns we should be aware of  
(Ex: low back pain (diagnosis if any), arthritis (type), high blood pressure etc.) Your health is important to us, please inform your teacher/therapist of any new concerns if they arise.

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### RELEASE AND IDEMNIFICATION

I take full responsibility for my own health safety while participating in classes and/or other activities of State of Grace Yoga and Wellness Center and/or Nancy Anger. I agree not to hold State of Grace Yoga and Wellness Center or any of its teachers, practitioners or associates responsible for any mishap which may occur while participating in any activities at or sponsored by State of Grace and/or Nancy Anger.

\_\_\_\_\_  
Participant Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date

How did you hear about us?

\_\_\_\_\_  
If a referral, please list the name so we may thank them.

How do you hope to benefit? \_\_\_\_\_