

# 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

Cell # \_\_\_\_\_ Home Phone # \_\_\_\_\_

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

Would you like to be on our e-mail list to receive our newsletter?\* Yes\_\_\_ No\_\_\_  
Would you like appointment confirmations/reminders via email? Yes\_\_\_ No\_\_\_

\*Privacy Policy: Information will be used only by State of Grace/Lori Maher 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.

## RELEASE AND IDEMNIFICATION

In signing, I take full responsibility for my own personal belongings as well as my own health and safety while participating in classes, events or services at State of Grace Yoga and Wellness Center. I understand that classes at may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, nor my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against State of Grace or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

\_\_\_\_\_  
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? \_\_\_\_\_