

STILLPOINT YOGA STUDIO

StillPoint Schoolhouse LLC



REGISTRATION AGREEMENT

155 Route 94, Suite 6, Blairstown NJ 07825 908-362-1668 www.deliaquigley.com

Student #: _____
 Name: _____ Sex: M / F Date of Birth: ____/____/____
 Add'l Family: _____ Sex: M / F Date of Birth: ____/____/____
 _____ Sex: M / F Date of Birth: ____/____/____
 Address: _____ City: _____ State: _____ Zip: _____
 E-Mail: _____ H Ph: (____) _____ W Ph: (____) _____
 Emergency Contact: _____ Phone: _____

Information: Start Date: _____ Today's Date: _____
 Payments are 2-month minimum blocks. Cancellations or freezes require 30 days notice. No exceptions. Payment can be made by check made out to StillPoint Schoolhouse LLC or by credit card through PayPal at deliaquigley.com. There will be a \$5.00 processing fee for Credit card transactions.

Monthly registration includes unlimited yoga classes.

- A \$ 75.00 *Monthly unlimited classes (new students and 2012 registrations)*
\$ _____
- B \$ 30.00 *New students 30 days unlimited yoga classes (one time only)*
\$ _____
- C \$ 15.00 *Walk-in class rate*
\$ _____
- D \$ 125.00 *Couples or 2-family Registration*
\$ _____
- E \$ 50.00 *Student Monthly unlimited classes: Registration Fee Waived. Proof required – Student I.D.*
\$ _____
- F \$ 30.00 *Per Week Rate: for visitors. Registration form must be signed.*
\$ _____

Monthly Payment Amount \$ _____

Monthly payments start date: _____ **Monthly payments end date (CX):** _____

- 2 month commitment 6 month commitment 1 year commitment

Student Signature X _____ **Date:** _____

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 Schoolhouse 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.

NOTICE: Do not sign this Registration Agreement before you have read both sides, because terms on each side are a part of this Agreement. The student is entitled to a completely filled in copy of this Agreement by requesting a copy. The student acknowledges that they have been told: (A) The terms and conditions of this Agreement; (B) That they acknowledge that they have examined the facilities and that they accept them in the present condition, and the student voluntarily assumes any and all risk involved in the use of the facility and equipment and releases StillPoint Schoolhouse LLC, Asian Combat Arts and Delia Quigley from all claims and liabilities; (C) There are no warranties either expressed or implied which extend beyond this Agreement. This Agreement constitutes the entire agreement between parties; there are no collateral agreements, representations or guarantees, oral or otherwise. The undersigned student has read, understands, and agrees to be bound by the Rules and Regulations as part of this Agreement. The rules and regulations may be changed at anytime by StillPoint

Schoolhouse LLC at its sole discretion. If any part of this Agreement is held invalid or unenforceable, the remainder of this Agreement shall remain in full force and effect.

Any person who is under the age of 18, must have a parent or legal guardian co-sign and guarantee this Agreement. The Co-signer, along with the student agree to be bound by all the terms and conditions of the Agreement.

IMPORTANT POLICIES CONCERNING YOUR STUDENTSHIP (Please read before signing)

1. Release and Waiver of Liability

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. Use of Center Facilities

My monthly registration plan determines that I am entitled to take unlimited yoga classes within my experience level. Registrations / memberships are non-transferable to family or friends. Workshops and special events require a separate fee. Studio management may from time to time change the rules governing the operations of the Studio, schedules of activities and hours open. Students shall be provided with notice of these changes. Unauthorized use of facilities may result in student suspension or cancellation. Studio management may suspend or cancel the rights or privileges of any Student whose actions are detrimental to the enjoyment of the Studio's facilities by other Students, or for failure to comply with Studio rules.

3. Administrative Fees for Registration Changes, Studentship Freezes, Transfers, Early Cancellations:

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

Membership Freezes: To freeze your membership, a completed 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 from the following month. Billing date is based on your activation date listed. Students may freeze their membership for up to two weeks per year in each six month calendar for a fee of \$15. The freeze is activated at the start of the next billing cycle.

Student Signature

*Signature of Parent or Guardian

Couples/Family Student Signature

Date