



SUN DO WELLNESS

A Breathing and Meditation Center
45 S. Main St. Suite 090
West Hartford, CT 06107
860-306-2158

MEMBERSHIP REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Membership Level: *please circle your choice*

- 1) **Studio-to-Studio:** \$25/month; \$300/yr
Please list name of studio you pay dues to. _____
(For members of other Sun Do Centers)
- 2) **Sustaining Studio Membership** \$780/yr or auto payments of \$65/mo. for 12 months
Unlimited classes, consultation, guidance and community
- 3) **First Timers' Membership:** \$390/ 6 months or auto payments of \$65/mo. for 6 months
For people completing the 8 week intro course
- 4) **Month to Month Membership:** \$80/month

Payment Method: (you can email to integratedpt@sbcglobal.net or mail to above address)

_____ check made out to Sun Do Wellness, LLC

_____ charge the amount of \$_____ to my credit card
(fill out form or call 860-306-2158 with information)

Type: circle
Visa, Mastercard, AMEX

Number: _____

Expiration: __/__/__
 mo yr

CVV: ___ _____ recurring monthly fee

_____ one-time fee

_____ signature

_____ date

For more information, please call 860-306-2158.

SCHEDULE OF CLASSES**

Members are entitled to attend any or all classes. In an effort to not overwhelm members with zoom invitations, please indicate which classes you wish to receive regular zoom invitations for. Should you wish to attend additional zoom classes at any time, please text 860-306-2158 to request the link.

	Zoom Link requested:
Monday 6:00-7:30 pm All levels* Studio only	
Tuesday 6:30-7:45 am All levels* Zoom only	_____
7:00-8:00 pm Intro class Studio and zoom	_____
Wednesday 6:30-7:45 pm All levels* Studio and zoom	_____
Thursday 6:30-7:45 am All levels* Zoom only	_____
Saturday 8:00-9:20 am All levels* Studio and zoom	_____
Saturday 9:30-10:50 am All levels* Studio and zoom	_____

* newcomers are encouraged to come to the intro class initially.

** classes will be added as interest increases

Retreats and workshops will be scheduled and all members will be notified of these special events.

For more information, please call 860-306-2158.

Waiver of Liability

Sun Do is an ancient Taoist discipline combining breathing techniques, postures, meditation, and exercises to activate the body's self-healing abilities and deepen spiritual awareness.

The exercises, postures, and breathing techniques may at times be quite strenuous. Only you can judge what exercises and postures are comfortable and appropriate to your level of physical ability, and which exercises or postures you can perform as you continue Sun Do.

During each practice session, a Sun Do instructor or senior student will lead a series of warm-up and cool-down exercises. You should proceed at a pace that is comfortable for you, doing only those exercises that, and only to the extent that they, do not cause strain.

As you progress, you will be introduced to different breathing techniques and postures. As with the exercises, you must determine the extent to which you can perform these breathing techniques and postures.

By signing below, you acknowledge that you have read this waiver, and that you understand that you should, and you hereby agree to, proceed with due care in performing the exercises, postures, and breathing techniques in Sun Do, and you assume and accept full responsibility for your physical health and condition. In assuming such responsibility, you thereby release Sun Do Wellness, its officers and directors, members and instructors from any and all liability.

In the space below, please list any medical condition or diagnosis which could affect your ability to practice Sun Do. If none, please write "none" in the space provided.

Medical conditions:

printed name

date

signature

date

For more information, please call 860-306-2158.