



# 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](mailto: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.*

# 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.*