



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*

All membership levels entitle you to unlimited classes, consultation, guidance and community.

(1) **Sustaining Studio Membership** \$780/yr

(2) **Six Month Membership:** \$390

(3) **Three Month Membership:** \$210

(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

_____ cash

_____ paypal - see QR code to right

_____ venmo - @Dj-Horn-2



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

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