



Course Registration

4415 W. Clearwater Avenue
Kennewick, WA, 99336 • 509-521-4287

Name: Last _____ First: _____ Birthdate: _____

Address: _____ City/State/Zip: _____

Telephone: Home: _____ Work: _____ Other _____

Emergency Contact/phone: _____

To join our mailing list, please list your E-Mail: _____

How did you hear about Yoga Community, its staff, or programs? _____

Specific health concerns: _____

Name of Course: _____ Day: _____ Time: _____

Course Fee \$ _____

Additional Purchases \$ _____

Tax (if applicable) \$ _____

Total Due \$ _____

Cash or checks accepted.
Make checks payable to
Yoga Community

Release of Liability

In consideration of being allowed to participate in any way in this Yoga Community program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or other, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Yoga Community, their officer, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have give up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Participant's Signature

Date

For parents/guardians of participants of minority age (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, the fullest extent permitted by law.

Parent/Guardian Signature

Date