

## J.A.Y.A. YOGA - REGISTRATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate which pass type you are purchasing and the amount enclosed:

\_\_\_\_\_ 5 Class Pass (\$65.00) \_\_\_\_\_ 10 Class Pass (\$120.00) \_\_\_\_\_ 15 Class Pass (\$165.00)

Amount enclosed (**cheques payable to "Dana Harvie"**): \$ \_\_\_\_\_

I wish to receive e-mail/newsletters from Dana Harvie (please circle) Yes / No

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## J.A.Y.A. YOGA - WAIVER OF LIABILITY/RELEASE

I, \_\_\_\_\_ HEREBY AGREE TO THE FOLLOWING:  
(Print Full Name Please)

- I am aware that engaging in yoga may result in accident or injury, and I acknowledge that I am participating in yoga at my own risk.
- I assume all risk of injury, illness, damage or loss to myself or my property which may result from my engaging in yoga, and represent that I am in good health and suffer from no physical impairment which may limit my engaging in yoga.
- I acknowledge that Dana Harvie and Ron Clemens (and affiliates, employees, agents, representatives, successors and assigns) have not and will not render any medical services including medical diagnosis of my physical condition.
- I specifically agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge Dana Harvie and Ron Clemens (and affiliates, employees, agents, representatives, successors and assigns) from any and all claims, demands, and causes of action of any kind (known and unknown), including but not limited to negligence, resulting from my engaging in yoga.
- I acknowledge that I have read the above release and waiver of liability, fully understand its contents, and voluntarily agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature of Participant (Parent if applicable)

\_\_\_\_\_  
[Date]