



Registration Form  
(please print)

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

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

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

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

Please write the name of the workshop for which you are registering.

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Enclose check payment for the cost of this workshop.

Mail to: YOGA ON YORK  
250 YORK STREET, UNIT 103  
YORK, MAINE 03909

YOGA ON YORK  
Release and Waiver of Liability

I, \_\_\_\_\_ will be participating in a yoga class / workshop at YOGA ON YORK, LLC during which I will receive instruction about yoga and actively participate in yoga exercise. I understand that yoga requires physical movement and bodily exertion which may result in an accident or physical injury. In consideration of being permitted to participate in YOGA ON YORK, LLC classes, I, \_\_\_\_\_ for myself, and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify YOGA ON YORK, LLC, the owners, and the instructors from and against all claims liabilities, damages or causes of action arising out of or in connection with my participation in the classes, without limitation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date