



KIDS \$10

YOGA 4 HOPE –KIDS YOGA CLASS
Honour your light within for breast cancer

Saturday August 23, 2008
CHARLES CLARK SQUARE
215 Chatham Street East, Windsor, ON

YOGA 4 HOPE PARTICIPANT REGISTRATION & WAIVER FORM
*******FOR KIDS YOGA***** \$10.00 Per Child**

1. PERSONAL INFORMATION (PLEASE PRINT OR TYPE)

CHILD' S NAME:

ADDRESS:

CITY:

PROVINCE/STATE:

COUNTRY:

POSTAL/ZIP CODE:

PHONE (HOME)

PHONE (CELL)

PHONE (WORK)

AGE OF CHILD:

EMAIL:

2. PARENT/LEGAL GUARDIAN INFORMATION check one Parent Guardian

NAME:

PHONE:

ADDRESS:

CITY:

PROV.

POSTAL/ZIP:

3. WAIVER/RELEASE OF LIABILITY

I voluntarily allow my child to participate in Yoga 4 HOPE, a breast cancer fundraiser with full knowledge that there is a risk of personal injury or death and I assume all risks associated with participation in these activities, including but not limited to, contact with other participants, falls, spectators or others, the possible effect of weather, including but not limited to heat/humidity/heat stress, traffic and other conditions that may arise and any damage to, or theft or loss of property, all such risks being known and appreciated by me. I agree to abide by any decision of an event official/volunteer with respect to my ability to safely participate in the Yoga 4 Hope events or if medical attention is necessary in connection with my participation in the events.

I agree that I, my heirs, legal representatives or guardians or anyone entitled to act on my behalf thereby waive and release Yoga 4 Hope and its officials & affiliates from all present and future claims/liabilities of any kind, known or unknown arising out of or in connection with my participation in Yoga 4 Hope.

I also grant permission to use or authorise others to use my name, image or other records of participation in the Yoga 4 Hope events in any media, including photographs and audio/or video recordings without monetary reimbursement.

I have carefully read the above release of liability and fully understand and agree to the above.

Signature of PARENT/LEGAL GUARDIAN:

X _____



KIDS \$10

YOGA 4 HOPE –KIDS YOGA CLASS
Honour your light within for breast cancer

Saturday August 23, 2008
CHARLES CLARK SQUARE
215 Chatham Street East, Windsor, ON

Printed Name of Parent/Legal

Guardian: _____ Date: _____

I am the parent or legal guardian of this child: initial here: **X** _____

4. PAYMENT

Cost of KID'S yoga participation is \$10.00 which entitles the child participant to attend any or all KIDS yoga classes offered throughout the day. Children must be supervised at all times during the yoga class by their parent or guardian!

CASH or CHEQUES ONLY:

Cheques are made payable to:

"PAJAMA ANGELS"

Mailing address:

2565 8th Concession Road RR#3 LaSalle, Ontario N9A 6Z6



PRE-PAID & PROCESSED TICKETS ONLY will be held at Registration Tent on the day of event for pick-up. We cannot hold unpaid tickets.

Paid tickets can be mailed via special request to the mailing address you provided on this form, pending payment approval/processing. Please submit in writing this request in Special requests section.

Tickets can also be arranged for pick-up by calling 519-796-9003.

Yoga space is first come first serve basis, please arrive early to avoid disappointment.

*******PLEASE BRING YOUR OWN YOGA MAT AND ACCESSORIES*******

CHECK WEBSITE FOR UPDATED YOGA SCHEDULE

5. SPECIAL REQUESTS (place an X for your choice)

- hold tickets at event
- mail tickets to address provided on form
- pick-up arrangements pending

HOW DID YOU HEAR ABOUT YOGA 4 HOPE? & OTHER COMMENTS: _____

6. OFFICE USE ONLY