



YOGA 4 HOPE
Honour your light within for breast cancer
 Saturday August 23, 2008 11am-11pm
CHARLES CLARK SQUARE
 215 Chatham Street East, Windsor, ON

YOGA 4 HOPE PARTICIPANT REGISTRATION & WAIVER FORM

1. PERSONAL INFORMATION (PLEASE PRINT OR TYPE)

NAME:

ADDRESS:

CITY:

PROVINCE/STATE:

COUNTRY:

POSTAL/ZIP CODE:

PHONE (HOME)

PHONE (CELL)

PHONE (WORK)

AGE:

EMAIL:

2. EMERGENCY CONTACT INFO

NAME:

PHONE:

RELATIONSHIP:

3. WAIVER/RELEASE OF LIABILITY

I voluntarily 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 X _____

Printed Name: _____ **Date:** _____

