

Vincent Yoga - Winter Retreat

Agreement of Release and Waiver of Liability

I understand that I am participating in yoga and meditation classes and/or workshops offered by Angela and Ben Vincent at YMCA Camp Du Nord, near Ely, MN, during which I will receive information and instruction about yoga and meditation. I recognize that yoga and meditation require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes.

In consideration of being permitted to participate in the Yoga Classes, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the Yoga Classes. In further consideration of being permitted to participate in the Yoga Classes, I knowingly, voluntarily and expressly waive any claim I may have against Angela Vincent or Ben Vincent for injury or damages that I may sustain as a result of participating in the program. I, my heirs, or legal representatives, forever release, waive, discharge and covenant not to sue Angela Vincent or Ben Vincent for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant (Parent/Guardian if under age 18) Date

Registration Form

(Please print legibly) Name _____
Phone Number _____ Email _____ Mailing
Address _____

Desired Lodging (Check One):

Shared Loft Space (\$525) ___ Shared Bed Room (\$575) ___ Private Room (\$650) ___

Early Bird Registration \$30 less when paid in full by Dec 20, 2017

Late registration \$35 more for payments and registration received after Jan 15

Emergency Contact Information:

Name _____ Phone Number _____

Injuries or Medical Conditions:

If you are interested in carpooling, please circle one of the following:

I am willing to drive _____ or _____ I am looking for a ride