

# Vincent Yoga - Immersion Registration + Waiver

## Agreement of Release and Waiver of Liability

I understand that I am participating in yoga and meditation classes, workshops and/or retreats offered by Angela and Ben Vincent, during which I will receive information and instruction about yoga and meditation. I recognize that yoga and meditation require physical exertion and mental exploration that may be challenging, may cause physical injury or mental-emotional challenge, 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 physical and mental preparedness to participate in the Yoga Classes. I represent and warrant that I am physically and mentally fit, I have no medical condition that would prevent my full participation in the Yoga Classes. In addition, I understand that certain pre-existing conditions are not compatible with many of the practices in this training; these include current serious mental instability, recreational drug use, as well as being in the early stages of drug-addiction recovery.

I have identified a friend or family member I can consult with should the need arise. In consideration of being permitted to participate in the Yoga Immersion, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, physical or psycho-emotional 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 or YMCA Camp du Nord 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 \_\_\_\_\_

#### Emergency Contact Information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Injuries,

#### Medical Conditions:

Room Preference    Check One:

Shared Loft (\$535) \_\_\_\_    Shared Bedroom (\$575) \_\_\_\_    Private Bedroom (\$675) \_\_\_\_

(\$25 less if paid in full by July 25, Extra \$25 off for Yoga Studies grads)

If interested in carpooling, I am:    Willing to drive \_\_\_\_\_    Looking for a ride \_\_\_\_\_

