

Celebrating Wholeness Workshop Registration

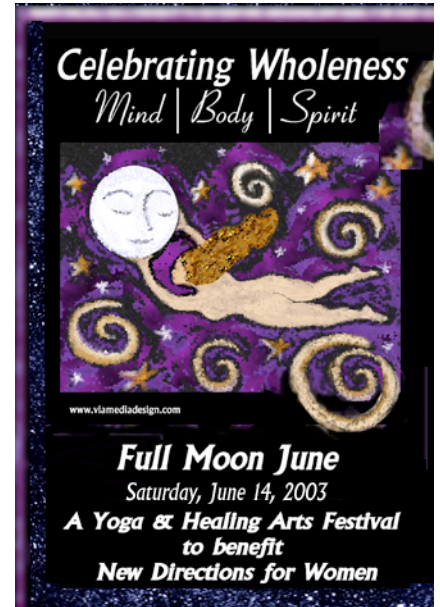
Name _____

Address _____

City/ST/Zip _____

Phone _____

Email _____



1. Please choose as many as you wish, and please note times (some workshops overlap)
(Check box for 1st/2nd choice in case of overlapping times.)

1st / 2nd Choice

- | | | | |
|-----------------------------------------------------|-----------------|---------------------|--------------------------------|
| <input type="checkbox"/> / <input type="checkbox"/> | 11:30 – 1:00 pm | Michelle Howard | Yoga for Peaceful Warriors |
| <input type="checkbox"/> / <input type="checkbox"/> | 1:00 – 2:30 pm | Annabel Raab | Listening to our Bodies |
| <input type="checkbox"/> / <input type="checkbox"/> | 1:30 – 3:00 pm | Liz Mediavilla | Moon Salutations |
| <input type="checkbox"/> / <input type="checkbox"/> | 3:00 – 4:00 pm | Carrie Finley-Bajak | Yoga for Teens |
| <input type="checkbox"/> / <input type="checkbox"/> | 3:15 – 4:45 pm | Jeff Levin | Eclectic Flow |
| <input type="checkbox"/> / <input type="checkbox"/> | 5:00- 6:30 pm | Sandy Richmond | Full Moon Yoga for Men & Women |
| <input type="checkbox"/> / <input type="checkbox"/> | 5:00- 6:30 pm | Yosel Tarnoffsky | Thai Yoga |

2. Suggested donation of \$15 per class:

- Payment Options:
- Cash (please do not mail)
 - Master Card or Visa _____ exp. _____
Signature _____
 - Check (Please make out to Full Spectrum Yoga)

Please read and indicate your acceptance of the following waiver of liability:

- I understand that I am participating in yoga classes/workshops offered by Full Spectrum Yoga and recognize that yoga requires physical exertion which may be strenuous and may cause physical injury and am fully aware of the risks involved.
- It is my responsibility to consult with my physician prior to my participation in classes/workshops. I warrant that I am physically fit and have no medical conditions which could prevent my full participation.
- 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 program.
- I knowingly, voluntarily and expressly waive any claim I may have against Full Spectrum Yoga (and its teachers) for injury or damages that I may sustain as a result of participating in the program. 5. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Full Spectrum Yoga 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 agree to the terms and conditions stated above.

Signature of Participant _____
Date

For Participants under 18 years:
As legal guardian of _____, I consent to the terms and conditions stated above.

Signature of Parent/Legal Guardian of Participant _____
Date

Witnessed by: _____
Name _____
Date

Please mail to: Full Spectrum Yoga or Fax
Or sign up in person 2018 Quail Street 949-955-1659
Newport Beach, CA 92660 Attn: Celebrating Wholeness
949-955-1965