

- ashtāṅgā - sādhanā -

REGISTRATION/WAIVER

Name _____ Date of Birth _____

Address _____ Email _____

Phone _____

I am registering for _____ Amt Paid _____

If applicable, on (which date(s) & time(s)) _____

Where did you learn of the retreat? (please check those that apply)

Email list _____ Internet Search (for?) _____ kpjayi.org _____ ashtanga.com _____

Chat Board/Facebook Group(which?) _____ Facebook (where?) _____

Flyer (where?) _____ Friend told me (who?) _____

Previous yoga studies

number of years studied
how many times a week?
Former teachers/ schools /styles
Do you have a daily yoga practice ?

Exercise

What other exercise do you do?
How much/often?

Medical History

Please list injuries and medical conditions or operations that have impacted your mobility and your health in general.

Do you take prescribed medication for a medical condition?

Waiver & Cancellation/Refund Policy

1. I understand that due to others' travel plans and lodging policies, my payment for this Yoga retreat is non-refundable.
 2. I understand that my payment does not cover airfare to Belize, one meal/day, and local activities in Belize.
 3. I agree to abide by the rules of Prana Das International Retreat while staying there.
 4. I understand that I will be charged a \$35 fee if my check is returned for lack of funds, in addition to the check amount.
 5. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Yoga Classes/Workshops with Ashtanga Sadhana /Lori Brungard/Mary Flinn. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga Classes/Workshops.
 6. In consideration of being permitted to participate in the Yoga Class or Workshop, 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.
 7. In further consideration of being permitted to participate in Yoga Classes/Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Ashtanga Sadhana, Lori Brungard, Mary Flinn and owner of Prana Das International, for any injury or damages that I may sustain as a result of participating in the program and residing in the Villa.
 8. I will inform the instructor of any new injury or condition (such as being pregnant) which might affect my ability to practice.
- 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: _____ **DATE:** _____