

HIMALAYAN YOGA AND MEDITATION CENTER
109 w. Slade Street, 2nd Floor
Palatine, Illinois 60067

Registration Form for Hatha Yoga/Meditation Classes

Identification and Contact Information			
Last Name:	First Name:	Address (Street & Number):	City:
Zip Code:	Home Phone:	Alternate Phone#: (Work/Pager, etc.):	E-Mail:
In Emergency Contact:	Relationship:	Phone #:	Check box for receiving e-mail current events: <input type="checkbox"/>
Waiver and Release of All Claims – Please read and sign this Release (Parent’s signature is required for participants under the age of 18.)			
Please read the statement below and be aware that by registering yourself and/or your minor child/ward for participation in the programs offered by the Himalayan Yoga and Meditation Center (HYMC), you will be waiving and releasing all claims for injuries you and/or your child/ward might sustain arising out of said programs.			
I agree to assume the full risk of any injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any of the programs offered by Himalayan Yoga and Meditation Center. I waive and relinquish all claims I and/or my child/ward may have against Himalayan Yoga and Meditation Center officers, agents, and employees, from any and all injuries, damage or loss, which I and/or my child/ward may have, or which may accrue to me and/or my child/ward on account of my participation and/or the participation of my child/ward in any of the above programs. I further agree to indemnify and hold harmless, and defend the said persons and entities from any and all claims, resulting from participation in the activities, offered by the Himalayan Yoga and Meditation Center. If a prenatal student, I understand I must have reached second trimester before participating.			
I have read and fully understood the program details and the Waiver and release of All Claims.			
PLEASE INFORM YOUR TEACHER IF YOU HAVE A MEDICAL CONDITION SUCH AS HIGH BLOOD PRESSURE, RECENT SURGERY, AN INJURY OR OTHER LIMITATIONS.			
_____		_____	
Signature of Participant or Parent, if Participant is under 18		Date	

How did you hear about us? _____

	Name of Participant under 18	Address	Phone#	Course