



# Yoga for Peace asanas

## REGISTRATION FORM

Please provide the following information and mail this form with your payment to:

**Yoga for Peace**

c/o 41-1B Maple Ave., Hastings, NY 10706

Registration material must be received by Friday, September 18, 2009.

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Apt: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

## FEES

- Suggested Registration fee \$20.
- In addition to my registration fee, please accept my donation of \$ \_\_\_\_\_

## WAIVER

With my signature, I acknowledge that participating in Yoga for Peace can be an inherently strenuous activity and that no event is without risk. I have consulted with my physician regarding my physical capability to participate in this event and am following my physician's advice. I hereby waive all claims against Yoga for Peace and all event sponsors and volunteers, and any personnel functioning with respect to the event for any injury, accidents, or physical conditions I might suffer in this event. I grant full permission for organizers to use my name, likeness, or voice and photographs, videotapes, or quotations from me in accounts and promotions in any medium of this event, and of the activities of Yoga for Peace. This permission is perpetual and worldwide.

Participant's Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Under 18)  
Parent or Guardian: \_\_\_\_\_