



WORKSHOP REGISTRATION FORM

CONTACT INFORMATION:

First name: _____ Last name: _____
Address: _____
City: _____ Province: _____ Postal code: _____
Home phone: _____ Office phone: _____
E-mail: _____

REGISTERING FOR:

Workshop name: _____
Workshop date: _____
Cost: \$ _____ + HST, Total: \$ _____

PAYMENT:

1) VISA/MC: Total Amount Paying: \$ _____
Visa/ MC #: _____ Exp. Date: _____
CVV Code: _____ Name on Card: _____
Signature: _____

Do you give Elation Centre permission to keep your credit card information on file? YES / NO

2) CHEQUE: Amount: \$ _____ Cheque #: _____ Payable to *Elation Centre*

QUESTIONS? Please call 613-322-3068

LIABILITY WAIVER:

In consideration of Elation Centre accepting this entry, I hereby, both myself and my heirs, release from liability and waive any and all claims for damages, including claims for negligence, which I may have caused as a result of my participation in this class against the following of Elation Centre, its owners and employees, clinic organizers and members and volunteers assisting them, clinic sponsors, their employees and agents and other participants in the classes. I acknowledge that yoga and running are activities with risks inherent in it and in signing this entry form it is my intention to accept the risks and all consequences thereof for myself alone. The terms of this release are severable from one another, and the invalidity of any one or more clauses in this release shall not affect the validity of other clauses. I acknowledge that I have read this release in its entirety that I understand and agree to be bound by its terms and that I am signing it voluntarily and without undue influence from anyone.

SIGNATURE

Date