



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: _____

ABILITY TO PARTICIPATE FULLY:

Do you have physical ailments, limitations, injuries, or food allergies/sensitivities that your instructor should know about? YES NO If yes, please specify: _____

LIABILITY WAIVER:

- I acknowledge that Elation Centre Workshops involve activities with risks inherent in them and, in signing this waiver form, I accept those risks and any consequences resulting from them.
- I agree that neither I, my heirs, assigns, or legal representatives will sue or make any other claims of any kind whatsoever against Elation Centre Ltd. or its members for any personal injury or property damage or loss, whether caused by negligence or otherwise.
- I have spoken to my doctor or health professional about any and all physical ailments, limitations, injuries, or food allergies/sensitivities and am aware of my limitations.

SIGNATURE

DATE

PAYMENT INFORMATION:

- VISA/MASTERCARD: Amount: \$ _____
Card Number: _____ Expiry Date: _____ CVV Code: _____
Name on Card: _____
Signature: _____
- CHEQUE: Amount: \$ _____ Cheque #: _____ *Payable to Elation Centre*
- CASH: Amount: \$ _____

Please note that the Payment Information section of this form will be destroyed after your payment is processed. Elation Centre does not keep credit card numbers on file.