

Registration Form
Work/Life, Intramural Recreation & Student Wellness Yoga
Fall 2009

Please Print Clearly:

I am planning to take:

Yoga Level I

Yoga Level II

Both Level I & II

Name _____ Phone # _____

Campus Dept *(if applicable)* _____ Campus Address *(if applicable)* _____

Email Address _____

I understand the importance of seeing my doctor before beginning any exercise or sports program to determine if that specific program is right for me. If the doctor is not familiar with yoga and wants to talk with the instructor, I understand that this can be arranged.

I also understand that if I want to know the instructor's credentials so that I can determine if he/she has credentials I require, I can request that information. I also understand that there may be, from time to time, a substitute instructor whose credentials may differ and know that I can request information about his/her credentials.

I am aware that exercise/sports training can have risks or result in injury, have considered that in my decision to participate, have determined that I am fit to participate and assume those risks, agree to accept the responsibility for injury or liability connected with my participation and release those responsible for the class from any liability. I will let the instructor know before the class if I have any health concerns that might affect my ability to participate. I also understand that I can choose not to do any part of the class if I feel it is not appropriate for me. I further understand that neither HRA Work/Life, Office of Intramural & Recreational Sports nor the Student Wellness Coalition has insurance for me as a participant/enrollee, and that I should consider procuring my own health insurance/accident coverage.

If I consider the room we use to be unsafe, I will immediately advise those in charge and understand I can opt not to participate if I wish.

If it is determined that I need medical attention during the class, I agree that those in charge may seek that attention for me (though they have no duty to provide it) if I am not able to seek it myself.

I have read the above, understand it, and know that I can ask questions if I don't understand it and am signing it voluntarily.

Signature of Enrollee/Participant _____ Date _____

Note to Natatorium Service Desk Staff: Please indicate below, which type of semester recreation fee was paid.

Paid Recreational Membership Fee:

Student Semester Rec Fee

Faculty/Staff Semester Rec Fee