

## Registration Form, General Liability

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time to reach you \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

COVID-19 CONCERNS – Vaccinated and booster shot recommended.

### **Accommodations:**

Each suite has 4 private bedrooms and 2 shared bathrooms, a full kitchen and comfy lounge area. Register before March 15<sup>th</sup> with a **non-refundable deposit of \$100** and the cost of the weekend is \$679 pp. all inclusive. Price goes up to \$759 on March 16<sup>th</sup>. Register early to secure your spot. First payment of \$300 is due April 15<sup>th</sup>. Final payment is due May 15<sup>th</sup>.

### **No refunds after May 1st.**

Travel Insurance is highly recommended for your comfort level.

### **Roommate:**

- If you will be sharing a suite with a friend, please list that person(s):

### **Meals:**

- Two dinners and two full breakfasts are included in the price of your weekend package.
- Alcohol is allowed in your suite.
- Please let us know if you have any particular dietary concerns here.
- Use your full kitchen to complement any special foods or snacks you need to make your weekend enjoyable.
- Bring your own water bottle. There are water filling stations located around campus.

### **Your Yoga Experience and Background:**

What style of yoga do you practice? \_\_\_\_\_

How long have you been practicing yoga? \_\_\_\_\_

Do you have any physical limitations or health concerns that we should know about?

\_\_\_\_\_ Feel free to use the other side of this form.

Please bring your own props: yoga mat, 2 blocks, strap, blanket, bolster and yoga or folding chair.

**Return all completed forms and payment to:** Shelley Fisher,  
65 Signal Hill Rd.  
Holland, PA, 18966



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_ (print name), hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by [Karin Eisen Yoga LLC, Karin Eisen and Shelley Fisher] during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Health Programs or Workshops.

3. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against [Karin Eisen Yoga LLC, Karin Eisen and Shelley Fisher] for injury or damages that I may sustain as a result of participating in the program.

5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue [Karin Eisen Yoga LLC, Karin Eisen and Shelley Fisher] for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

SIGNATURE OF PARTICIPANT:

\_\_\_\_\_, I CONSENT TO THE

ABOVE TERMS AND CONDITIONS. DATE: \_\_\_\_\_

## **Client Release of Liability COVID-19**

Due to (COVID- 19), we [Karin Eisen Yoga LLC, Karin Eisen and Shelley Fisher] are doing everything we can to protect you and ourselves. To this extent, we will be following the guidance of the PA CDC in regard to indoor, group events. We are recommending that all attendees of Savasana by the Sea will be fully vaccinated.

By signing below, I hereby release and agree to hold SBS harmless and waive on behalf of myself, my heirs and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damages or loss to myself and/or property that may be caused by an act, or failure to act of SBS, or that may otherwise arise in any way in connection with any services received from SBS. I agree to release SBS from any liability for the unintentional exposure or harm due to the Coronavirus (COVID-19)

We, SBS, also agrees to abide by these standards and affirm the same.

In consideration of others. If you are sick in the days leading up to June 7<sup>h</sup>, please take care of yourself and stay home. You will not be allowed to attend this retreat. We are sorry to say that no refunds can be given. Please consider travel insurance to cover unforeseen circumstances.

Print Full Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2024

Signature \_\_\_\_\_