

The Art Room - Retreat Registration & Waiver Form

Make your check payable to *Stacey Ward Kelly* and mail this completed form with your check or money order to: **Stacey Ward Kelly/Art Room Registration, 7 Coffey Ave, Beacon, NY 12508**

Registrant Name _____ Today's Date: _____

Please check off which retreat session you would like to register for:

Saturday, February 17, 2007 9 am – 4 pm or **Saturday, June 2, 2007 9 am – 4 pm**

Address _____ Phone Hm: _____
_____ Cell: _____
_____ Email: _____

Emergency Contact: _____ Relationship to registrant: _____ Phone: _____

Medical Info/Special Accommodations. List any relevant health issues or special accommodations you need.

Where did you hear about the Art Room Retreats? _____

Please enclose your check for \$95 made payable to Stacey Ward Kelly. **Your cancelled check acts as confirmation of your registration.**

Cancellations: If we need to cancel a retreat, we will notify you within 48 hours of the start date. If you must cancel for any reason: You can receive a 50% refund, OR roll the entire amount over to the next retreat (June, 2007). NO EXCEPTIONS. Cancellations must be received in writing and postmarked ten days or more before the start date.

Late cancellations: If you cancel fewer than ten days prior to the retreat date, your deposit is forfeited unless your space is filled from the waiting list. If you have paid in full, you may rollover 50% to the next retreat (June, 2007).

I, _____, hereby agree to the following:

I understand that it is my responsibility to consult a physician prior to and regarding my participation in yoga classes, retreats, or workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation in the yoga classes, retreats, or workshops. I understand that I am participating in yoga classes, retreats, or workshops offered by Carrie Ward Kelly, Stacey Ward Kelly, The Art Room, and the Howland Cultural Center 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. In consideration of being permitted to participate in yoga classes, retreats, or workshops, I agree to assume full responsibility for not exceeding my limits in the practice of yoga, any other class that I may participate in, or other physical activities.

In further consideration of being permitted to participate in yoga classes, retreats, or workshops, I knowingly, voluntarily, and expressly waive any claim that I may have against the parties mentioned above for injury or damage that I may sustain as a result of participating in the yoga classes, retreats, or workshops at the Howland Cultural Center. I assume all responsibility for, and all risks of damage or injury that may occur to me as a student while attending classes, participating in exercises, or following Carrie Ward Kelly's instructions in or out of the studio. I, my heirs, or legal representatives forever release, waive, discharge, and covenant not to sue Carrie Ward Kelly, Stacey Ward Kelly, The Art Room, and the Howland Cultural Center for any injury or death caused by negligence or other acts.

Date

Signature

For Official Use Only

Status _____

Contact Info Ent'd _____