

Cosmovisiones Yoga Retreat Registration

Date: yyyy/mm/dd

Full Name: _____

Age: _____

Address: _____

Town/City: _____

Province: _____

Phone Number: (____) ____-____

Email: _____

How would you prefer to be contacted? (please circle all that apply)

Phone Call

Text Message

Email

Emergency contact name: _____

Emergency contact number: (____) ____-____

Do you have any of the medical and or physical conditions? Please check all that apply

High Blood Pressure

Arm/Shoulder Injuries

Back Problems

Low Blood Pressure

Arthritis

Heart Problems

Eye/Ear Problems

Hernia

Pregnancy

Sciatica

Knee Injuries

Diabetes

Wrist Problems(Carpel

Tunnel)

Neck Issues

Fibromyalgia

Dizziness

Scoliosis

Anxiety/Mood Disorders

Other (please specify)

What are you hoping to gain, learn, or experience from this retreat?

How often and for how long have you been practising yoga? Do you have a preferred style?

Do you have any dietary restrictions?

PAYMENT

Cosmosvisiones is organized in the spirit of love and sharing. As such, tickets to the retreat are sold on a Pay What You Can basis **OR** energy exchange (volunteering for small tasks in exchange for classes) *Please circle one*

I will be volunteering my time during the
retreat

I will be donating \$____

To reserve your spot in the retreat, and cover the cost of meals, tea, and coffee, a non-refundable payment of \$70 is required. Unless other arrangements have been made, please send an interac e transfer to goldenearsfarm@gmail.com

ACKNOWLEDGEMENT AND WAIVER

Please be aware that the yoga instructor and Golden Ears Farm do not assume any responsibility for determining your medical fitness to participate in a class, nor assume any responsibility for any injuries to you or loss of property by you in or about the premises. It is the responsibility of the student to inform his or her instructor of any medical conditions (i.e. high blood pressure, joint problems, eye problems etc.) which should be taken into consideration while practicing yoga. It is my (the student's) responsibility to ask for clarifications on anything that I do not understand. I will not put my body in any position that does not feel comfortable. If I feel any pain I will stop immediately. I understand this class is for me to develop an awareness of my body and will learn to heed the messages it sends me. I agree to waive claims against any persons connected with practice for any injuries I may sustain and assume full responsibility for all my actions related to practice.

Name (*please print*)

Signature (*please sign*)

Date