

## The Breath that Moves Us Yoga Retreat Registration and Agreement Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

1. What are your personal goals for attending this retreat?

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Self-Development | <input type="checkbox"/> Health Maintenance | <input type="checkbox"/> Relaxation |
| <input type="checkbox"/> Solitude         | <input type="checkbox"/> To be in Nature    | <input type="checkbox"/> Fitness    |
| <input type="checkbox"/> Companionship    | <input type="checkbox"/> Other _____        |                                     |

2. List any past and current body/mind practices you engage in (ie. Yoga, Dance, Martial Arts, Meditation).

3. Please list any physical or medical conditions (past or present) that may limit your participation in physical exercise.

4. Do you have any dietary restrictions, allergies, or strong preferences?

5. Do you have any questions for your facilitators?

### **AGREEMENT**

I certify that the above information is true and complete, to the best of my knowledge. I fully understand that I am solely responsible for my health, safety and well-being while participating in all retreat activities. I agree that I will inform my instructors of any activity which I cannot perform safely, and that I will not perform any activity which I feel is likely to cause me to injure myself. I understand that there are risks associated with any physical exercise and I agree to hold Tamika Schilbe and Carolyn Burke, SoulTime and CBA Yoga, harmless from any and all responsibility for any injury that may arise from any retreat activity.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Once you have confirmed your spot in the retreat a completed registration form and non-refundable program deposit of \$150 can be mailed to: CBA Yoga, 1-481 Parkside Drive, Toronto, Ontario, M6R 2Z9. The balance of the retreat cost \$225 is due Sept 3, 2010 payable to Wendy Madore, Shanti Yoga Retreat and mailed to CBA Yoga at the above address.

