

Ephrata Senior Center

Sharon Hastings, Director

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Escis4fun@gmail.com

**YOGA REGISTRATION FORM**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F

Monthly $\_\_\_\_\_\_\_\_\_\_\_ Drop In $\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_

**Emergency Information**

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical conditions or special needs we should be aware of** (including any mental or physical conditions)

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**YOGA REGISTRATION FORM**

I understand that I am participating at my own risk. I agree to hold harmless the Ephrata Senior Center, or authorized agents for any injury that I may suffer by participation in any of the programs offered through the Senior Center. This means that you releasing the Ephrata Senior Center or its authorized agents from any liability for any injury that you suffer as a result of participating in activities sponsored by the Ephrata Senior Center. By signing this form, you are voluntarily and freely giving up your rights to sue the Ephrata Senior Center, or its authorized agents. Further, by signing this waiver, you acknowledge that you do so voluntarily and of your own free will. You further acknowledge that you have capacity to enter into this agreement releasing the Ephrata Senior Center from its liability. You farther understand and agree that your signature on this waiver applies not only to any events listed in the waiver but to any and all   
events from this forward in which you participate that are sponsored by the Ephrata Senior Center. By executing this waiver you release the Ephrata Senior Center, or its agents not only from any items listed in this form but from any activities or events that you participate in, in the future. This includes all classes, presentations, trips, senior citizens club meetings, etc.

I hereby release, waive and agree to hold harmless the Ephrata Senior Center, its employees, contractors, associates, departments or other entities or individuals representing the same, with regard to any accidents, illness or personal injury I may suffer, which might result from my participation in any activity or program listed below offered by the Ephrata Senior Center. I am aware that it is my responsibility to check with my doctor before beginning any type of activity offered by the Ephrata Senior Center. The Ephrata Senior Center has advised me that a physician's approval is strongly recommended prior to beginning any exercise program that is offered by the Ephrata Senior Center. I acknowledge I have no mental or physical condition that   
might compromise my ability to participate in the activities which have not been is closed to the Ephrata Senior Center and I am fully capable of participating in these activities without causing harm to myself or others.

WEDNESDAYS: Senior Yoga \_\_\_\_\_\_\_(please initial)

**I ACKOWLEDGE THAT I HAVE CAREFULLY READ AND VOLUNTARILY SIGNED THIS DOCUMENT AND I UNDERSTOOD THE ABOVE INFORMATION.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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