



MEXICO YOGA RETREAT AT VILLA ANANDA AYURVEDA SPA AND RESORT REGISTRATION FORM

Name: _____ DOB: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Describe any injuries/conditions you might have (use back, if necessary): _____

Would you like to receive our monthly email newsletters? YES NO Already
Receive

Email Address (kept confidential): _____

Payment will be made via: CHECK CREDIT CARD CASH

Credit card #, exp date & billing zip code: _____

Retreat Questionnaire

1. How long have you been practicing yoga and what kind of yoga do you practice?
2. If you are not affiliated with Rasa Yoga Center or the Retreat Yoga Teacher, Jamie Elmer, please list the studio and teacher you currently practice at.
3. If you listed injuries above, are any of them a concern by your doctor or yourself in the context of a vinyasa yoga practice, massage (assuming you make a massage appt), or any other physical exercise/activity? Please feel free to write more separately.
4. In our effort to keep you safe, relaxed and enjoying the most out the yoga retreat, are there any other medical conditions that we should know about?

**Rasa Yoga Mexico Retreat
at Villa Ananda Ayurveda Spa & Resort**

Agreement of Release and Waiver of Liability

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

1. That I am participating in the Yoga Retreat offered by Rasa Center for Yoga and Wellness, LLC, Jamie Elmer and Villa Ananda, 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 Retreat. I represent and warrant that I am physically fit and I have no medical conditions that would prevent my full participation in the Yoga Retreat.
3. I understand that if I am pregnant, I will take necessary steps to ensure my doctor and health care providers know I am participating in this Yoga Retreat. I assert that I am of fit health to participate in the Yoga Retreat and will alert all Yoga Teachers whose sessions I participate in that I am pregnant.
4. In consideration of being permitted to participate in the Yoga Retreat, 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 retreat, including any and all activities done with the Yoga Retreat group, or as an individual at Villa Ananda.
5. In further consideration of being permitted to participate in the Yoga Retreat, I knowingly, voluntarily and expressly waive any claim I may have against Rasa Center for Yoga and Wellness, LLC, its staff, Jamie Elmer and Villa Ananda and its staff for injury or damages that I may sustain as a result of participating in the retreat. I, my heirs and legal representatives forever release, waive, discharge and covenant not to sue Rasa Center for Yoga and Wellness, LLC, its staff, Jamie Elmer, and Villa Ananda and its staff for any injury or death caused by their negligence or other acts.
6. CANCELLATION POLICY - I understand that \$200 of the registration fee is non-refundable. Further, should participant cancellation occur within 25 days of the event for any reason, I forfeit all fees. Should participant cancellation occur within 50 days of the event for whatever reason, only 50% of the total fee is refundable, less the \$200 registration fee. Should the event be canceled by Rasa Center for Yoga and Wellness, all fees will be refunded back to participant.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree and confirm being invited to consult legal counsel before signing below.

Signature of Participant / Parent or Guardian (if under 18)

Date