

Yogathon 2009 Quick Enrollment Form

Contact Information

First Name* **Last Name***

Address* **Apt/Unit***

City* **State*** **Zip***

Country* **Gender***
 Male Female

Email* (will be used to logon) **Phone***

Team Information

Start a Team Join a Team

Team Name

Registration Fees (\$25)*

Payment Options

Check* Credit Card Cash

Check # :

Credit Card # **Exp Date**

Type: M/C Visa Disc Amex

Name on Card

Personal Fundraising Goal*

(Minimum Pledge \$200)

User Agreement*

I understand that yoga involves physical movements, breathing exercises, and meditations that are reported to be beneficial. By signing below, I accept full responsibility for all my physical, mental and emotional experiences. I also understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I will consult my physician before participating in the Yogathon and follow the advice given to me. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against the teachers, organizers and the foundation organizing the Yogathon event.

Signature*

Date*

* Indicate Mandatory Fields