

ADULT REGISTRATION FORM

Program _____ Session # ___ (if applicable) Start Date _____

Participants Name _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

E-mail Address _____ (please print)
(e-mail address is used for notice of cancellations or changes)

Would you like to be added to the Belmont Parks and Recreation E-mail Address for notices on upcoming programs?
YES [] NO [] ALREADY ON LIST []

Medical Problems or Allergies _____

Emergency Contact _____ Relation _____

Emergency Contact Phone _____ Alternate Phone _____

Payment Information: Payment is required at the time of registration. Checks should be made payable to Town Of Belmont (unless otherwise noted). Payment can be dropped off with a completed registration form to the Belmont Parks & Recreation Office. There is a drop box at 17 Sunset Drive, Belmont, NH 03220 or if MAILED to PO Box 310, Belmont, NH 03220.

Refund/ Cancellation Policy: Program fees are non-refundable. In the event of a family emergency or medical problem a refund or partial refund can be requested in writing. The Recreation Director will advise if a refund or partial refund can be granted. If Belmont Parks and Recreation cancels a program, a full refund of the registration fee will be given. Returned checks will be charged \$25.00.

Indemnification & Emergency Medical Information

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Belmont, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for my child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that in an emergency an attempt will be made to communicate with me prior to use of this waiver.

For Hospital Information only:

Our Doctor's Name: _____ Doctor's Phone #: _____

I understand the cancellation/refund policy is strictly enforced. If program is cancelled by the Department, you will be notified with full refund. I also understand that if I miss any of the classes, I may not be able to get a refund and/or an administrative fee may be deducted. **As a parent, guardian, or participant, I allow the Belmont Parks & Recreation Department to take my picture and use it for advertising and promotional purposes.**

Participants Signature

Date

Official Use Only: Belmont Resident [] Yes [] No Cash/Check # _____ Amount _____

Received by _____ Date _____ Time _____

YOGA STUDENT RELEASE AND LIABILITY WAIVER AGREEMENT

I, _____ understand that I will be participating in various styles and aspects of yoga as a student of Earth Heart Yoga and the Town of Belmont Parks & Recreation Department, and that yoga includes physical movements and exertion, as well as opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity the risk of injury, serious or even disabling is always present and cannot be entirely eliminated. I am solely responsible for listening to my own body when pain, discomfort or uncertainties are present. I will make appropriate choices to come out of a pose, make modifications, ask for assistance or not participate in some poses that I deem too strenuous for me or cause pain.

I understand that yoga is not a substitute for medical attention, examination diagnosis or treatment of any condition. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga and will consult appropriate medical experts if needed.

I agree to the below:

I have read, understood and agree to the studio guidelines of Earth Heart Yoga.

I will reduce the risk of injury during yoga classes by:

Not forcing or straining in any of the postures

Following the instructions of the teacher carefully and accepting modifications to suit my level of experience.

I will respond to my body's needs by coming out of a posture if I need to regardless of what the rest of the class is doing and not perform poses that are painful.

Breathing continuously and smoothly through all yoga postures, I will not hold my breath.

During menstruation I will not practice deep back bends or inversions.

If I am pregnant I will advise the instructor and seek the advice of my physician prior to participation in yoga.

If I have specific medical conditions that I will advise the instructor prior to class.

Ask for clarification on any postures where I am uncertain what to do.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any yoga classes and workshops. I represent that I am physically fit and I have no medical condition that would prevent my full participation in the yoga classes or workshops.

In consideration of being permitted to participate in yoga classes and workshops held at Earth Heart Yoga, and in following any instruction received by Earth Heart Yoga and the Town of Belmont Parks & Recreation Department at home I assume all risk of damage or injury that may occur as a student. I, my heirs or legal representatives voluntarily, expressly agree to irrevocably release and waive Joyce Kendall, Earth Heart Yoga and Town of Belmont Parks & Recreation Department from any and all claims, demands and actions of any nature whether present or future, anticipated or unanticipated, known or unknown that result from my participation in yoga class or practice of yoga outside of class.

I have read, understand and agree to the content of this release agreement form:

Student Signature

Date

Student Print Name

Date

Town of Belmont Parks & Recreation
PO Box 310
Belmont, NH 03220
603-524-4350

Earth Heart Yoga
653 Main Street
Laconia, NH 03246
603-524-1515
A division of Earth Heart Farm LLC

Yoga Questionnaire

Note: Not required if you have taken this class with Belmont Parks & Recreation before.

Have you practiced yoga before? _____Yes _____No

Are you currently practicing yoga? _____Yes _____No

If yes how many times/wk? _____

If yes what types of yoga and for how long have you practiced? _____

Health Information:

Are you under medical supervision for any condition? If so please state type of condition and list Dr. contact information: _____

Do you have any specific physical limitations, or injuries that might affect your participation in a yoga class? For example: High or low blood pressure, glaucoma, inner ear problems, physical injury or are you pregnant? Please list: _____

Have you had any major surgery or serious illness in the past 5 years? Please describe: _____

I hereby declare that the above information is true to the best of my knowledge. I understand that misrepresentation of this information is potentially dangerous to my well-being and those around me.

Signature

Date

Print Name Clearly