



Yoga Class Registration Form

Saturdays, 10-11AM

Butler Township Recreation Center

Name: _____

Address: _____

State: _____ **Zip Code:** _____

Phone (daytime): _____ **Phone (evening):** _____

Email: _____

Check this block if you would like to be added to our email distribution list to receive class updates, new workshop announcements, CLDS newsletters, and other event and program information.

If you would like to be contacted about volunteer opportunities with the Butler Township Community Garden, please check here.

Yoga Registration

4 Weeks (\$20) List dates: _____

Yoga Walk-in

Walk-in (\$8)

YOGA AGREEMENT OF RELEASE and WAIVER OF LIABILITY

By signing this sheet I recognize that I am participating in the Yoga Classes offered by Lucy Valente, RYT 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. In consideration of being permitted to participate in Yoga Classes, 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 program. I understand that neither Lucy Valente, Butler Township, nor the Center for Landscape Design & Stewardship (CLDS) is responsible for my actions. I therefore knowingly, voluntarily and expressly waive any claim I may have against Lucy Valente, Butler Township, and the CLDS for injury or damages that I may sustain as a result of participating in the program.

Signature

Date