CERTIFICATION REGISTRATION FOR

Section A: General Information

DATE:
Name:
Date of Birth:
Street Address:
City, State, Zip Country (if other than U.S.A.):
Phone #:
Email Address:
Occupation:

Section B: Class & Workshop you are registering for

Yamuna Ball Rolling Part 2
Healing Arts, Clive August 15-16 and 21-23, 2020

Section C: Short Health Questionnaire

Health History – Please list all that apply:

spinal surgeries / disorders a list:

muscle / joint pain a list:

muscle / bone injuries a list:

sprains / strains a list:

foot injuries:

Are you pregnant now? If "Yes," how many weeks?

Please list all medications and any supplements you are taking.
Do you have any medical / health conditions which will prevent your full participation in the class?

Section D: Method of Payment

Your investment is $1100 and includes a manual. Set of balls and testing are additional fees.

Preferred method of payment: Zelle, Venmo, check,

Kathy Butler-Klein
kathybkmassage18@yahoo.com
515-991-4106

yamuna.

Agreement of Release and Waiver of Liability

Please read, sign and return this waiver along with your registration form and health questionnaire.

I, hereby agree to the following:

1) That I am participating in a YBR® training class or YBR® Workshops offered by Yamuna Studio,Inc. during which I will receive information and instruction about YBR® . I recognize that this fitness program involves physical contact and requires physical exertion which 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 YBR® training classes or workshops. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation

3) In consideration for being permitted to participate in YBR® training classes or workshops, 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.

4) I understand that I have the right and duty to inspect the mats, facilities and equipment to be used and if I believe that anything is unsafe or beyond my capability I will immediately advise the instructor or supervisor of such condition(s) and refuse to participate.

5) In further consideration of being permitted to participate in the YBR® training classes, programs or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Yamuna Studio, Inc., its officers, instructors or employees for injury or damages that I may sustain as a result of participating in the program.

6) I, my heirs or legal representatives foreseer release, waive, discharge, and covenant not to sue Yamuna Studio, Inc. its officers, instructors or employees for any injury or death caused by their negligence or other acts.

7) I understand that until I complete all of the YBR® requirements I am not a certified practitioner and will not teach or use the work with my clients.

I have read the above release and waiver of liability and fully understand its contents as well as the Refund/ Cancellation Policies. I voluntarily agree to the terms and conditions stated above.

Signature: _____Date:_____

Please print your name:_____

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