

Yoga in Havana Registration form

Name: _____

Address: _____

Phone # _____ Email: _____

Yoga Experience: _____

FEES:

\$978 single occupancy, plus 15% HST = \$1124.70

\$718 per person double occupancy, plus 15% HST= \$825.70

After Nov 15th 2010

\$1078 single plus 15% HST = \$1239.70

\$818 double plus 15% HST = \$940.70

Total Payment or deposit amount enclosed \$ _____

Post dated cheque for remainder \$ _____ (must be dated before Nov. 15th for lower fees)

Payment is to Leigh Milne PO Box 426 Chester NS, B0J 1J0, Canada.

Payment is CAD or USD cheque.

Cancellation Policy: If you withdraw at anytime you will forfeit your deposit. More than two weeks before the scheduled date you will be refunded 50% of your fee. Notification of less than two weeks and you will forfeit the full workshop fee.

Informed Consent and Waiver of Liability – return this with your registration payment

I understand that yoga poses are physically intensive exercise and I voluntarily assume the risk inherent in my participation in this workshop, including the risk of injury, accident, death, loss, cost or damage to my person or property, and I release and indemnify organizers Chester Harbour Yoga & Massage Therapy, Leigh Milne and John Pece from and against all such claims and liabilities, including medical and attorneys' fees from this date on.

I further attest that I am in sufficient health, and/or that I have consulted with a physician and I am able to undertake and engage in the physical movements and exercises in this workshop.

Name (print) _____

Signature _____ Date _____