

**Fr. Joe Pereira Iyengar Yoga Workshop**  
**September 16<sup>th</sup> to 18<sup>th</sup> 2011**  
**Registration form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Years of Yoga Experience: \_\_\_\_\_

**Father Joe Pereira, September 16<sup>th</sup>, 17<sup>th</sup>, 18<sup>th</sup> 2011**

**Cost:**

Friday: 3 to 5:30pm \$75 CND or USD

Sat & Sun \$200, after August 1<sup>st</sup> \$245 CND or USD

*\*\*You must bring mat, 2 blocks, 3 blankets, 2 belts, & bolster*

• **Friday 3 to 5:30 pm**

Payment amount enclosed \$ \_\_\_\_\_

• **Saturday 10 - 1 & 3 - 5 pm, Sunday 10 – 1pm**

Payment amount enclosed \$ \_\_\_\_\_

**Total Payment amount enclosed \$ \_\_\_\_\_**

**Payment is to John Pece** c/o Leigh Milne PO Box 426 Chester NS, B0J 1J0, Canada.

Payment is in CND or USD personal cheque or money order.

Cancellation Policy: If you withdraw at anytime a \$50 processing fee applies. If you withdraw within two weeks of the workshop 50% of total workshop fee is charged. If you withdraw the same weekend or no show 100% fee is charged.

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 and Instructor Fr. Joe Pereira 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 \_\_\_\_\_