

2016-2017 Sanbornton Recreation Yoga Waiver

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____

Email: _____

I, _____ assume all risks and hazards incidental to such participation including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Sanbornton Yoga, the organizers, sponsors, supervisors, and participants from any claim arising out of any injury to myself.

As a participant in Yoga, I will be responsible for leaving the area used in the same condition as upon my arrival. In case of accident, I request the instructor to contact:

Name: _____

Phone #: _____

If unavailable, please contact the physician indicated below and follow his/her instructions. I authorize any treatment deemed necessary for myself.

Physician: _____ # _____

For anyone under the age of 18 please complete below:

Participants Name: _____

Signature: _____ Date: _____

Parent or guardian signature (if under 18): _____

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Any questions please contact the Sanbornton Recreation
603-286-2659/ 603-393-6665 or email sanbrec@metrocast.net