



Voluntown Recreation Commission

Yoga Classes
Heather Barber
Wednesdays
6:00 – 7:00 pm
via Zoom

Name _____ Male/Female _____ Age _____

Street Address _____

City/Town _____ State/Zip _____

Email Address _____ Phone _____

Program/Activity Yoga Fee \$0 resident /non-resident

Payment- Cash _____ Check _____ Date _____

Emergency Contact Name _____

Emergency Contact Phone _____

Special considerations/ needs *(Please list allergies, medications, restrictions, etc. Add additional pages if needed):* _____

Please read carefully and sign below

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT This release is intended to discharge in advance the Board of Education, Town of Voluntown, the Voluntown Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns. The Voluntown Recreation Commission has made me aware, and I fully understand, that my participation in activities sponsored by the Voluntown Recreation Commission may expose me to dangers inherent in the activities that could, under normal conditions of the activities, result in my serious injury or death; notwithstanding this knowledge, I voluntarily apply and agree to participate therein. In consideration of the acceptance of this application for entry into the classes or activities listed above, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. Further, I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing the Voluntown Recreation Commission.

Parent or guardian must sign for youth 18 and under. Registration is not complete without signature.

Signature _____ Date _____

****For an emergency cancellation how should we contact you? (Specify email, text, call)**
