

OCAD University Yoga 2011/2012

Registration Form

Yoga Sessions, Winter 2012*

All sessions will be conducted in Room 187 (Level 1, 100 McCaul Street).

Tuesdays 12:00 to 1:00 p.m.
(January 24 to April 3, 2012)

Tuesdays 2:00 to 3:00 p.m.
(January 31 to April 10, 2012)

Wednesdays 12:00 to 1:00 p.m.
(January 25 to April 4, 2012)

Wednesdays 2:00 to 3:00 p.m.
(January 25 to April 4, 2012)

Thursdays 12:00 to 1:00 p.m.
(January 26 to April 5, 2012)

All sessions are open to students, faculty, staff, and alumni and are appropriate for beginners and more advanced levels. Classes are limited to 15 students and require a minimum of 11 pre-registered yoga students to run. In the case of low enrollment, class fees will be refunded.

*** No classes during Reading Week, February 21 to 24, 2012.**

Name: _____

Telephone: _____

OCAD U e-mail address: _____

Student: ID Number _____

Staff/Faculty: Department/Faculty _____ Ext _____

Cost: (Yoga fees are non-refundable)

Students: \$50 for 10 sessions

Staff/Faculty/Alumni: \$100 for 10 sessions

Payment: Cash (exact change only) Credit Card
Cheque/Money Order (payable to Campus Life)

Credit Card # _____ Expiry Date: _____

Cardholder Name (please print): _____

Cardholder Signature: _____

Completed waiver must accompany this form. Please see over.

Registration: November 21 to December 22, 2011 and January 3 to 23, 2012.

After deadline: drop-ins only at \$10/class (students) and \$15/class (staff/faculty/alumni)

For information contact ocadcampuslife@ocadu.ca or 416-977-6000, Ext 250

The personal information provided on this form will be used to process your application and verify your status as a student.

Agreement of Release and Waiver of Liability

OCAD University Yoga Winter 2012

January through April 2012

By signing the following you are waiving certain rights, including the right to sue.

Please read carefully! **

Name: _____ Student _____ Faculty/Staff _____

E-mail (optional): _____

Are there any injuries, ailments, or medications the instructor should know about?

I, (print name) _____ FULLY UNDERSTAND AND AGREE TO THE FOLLOWING:

1. That there is risk inherent in any physical activity and the instruction offered by the yoga instructor is limited to that of instruction in basic yoga health.
2. That even with clear instruction, there is a possibility of injury, and that it is my responsibility to consult a physician regarding my ability to participate in a yoga class.
3. I release, hold harmless and forever discharge OCAD University, it's employees, directors and assigns; as well as the yoga instructor from any and all liability, claims, demands or actions that I may have resulting from any cause whatsoever, including but not limited to injury, death or damages arising from my participation in the yoga class, and including loss that may be caused by the negligence of the released parties.
4. I further release, hold harmless and forever discharge OCAD University, it's employees, directors and assigns as well as the yoga instructor from any and all liability, claims, demands or actions that I may have related to the loss, theft or damage of any of my personal property before, during, and/or after Yoga class.
5. I recognize that this agreement of release and waiver of liability is a legal contract and that, by reading it carefully, I have complete knowledge of its contents.

I have read this agreement and fully understand its content and meaning, and sign it of my own free will.

Participant signature: _____ Date: _____

Parent / Guardian signature if participant is under 18 years of age:

_____ Date: _____

****Waiver Form must be submitted with the Registration Form and payment to
Campus Life, Student Success Programs, 51 McCaul St, Level 1**