

Town of Columbia Recreation Department
Columbia, CT 06237

ACTIVITY REGISTRATION FORM



Yoga 2014-2015

AGES: 18 and up

LOCATION: Yeomans Hall, 323 Route 87, Columbia, CT 06237

TIME: Thursdays 7:00 pm

Fee Information

Cash or checks are accepted; make checks payable to: **Town of Columbia.**

All fees collected are non-refundable & non-transferable, unless the Town cancels the program.

\$80/ 10 class punchcard or \$10/drop-in

**2014-2015 Town of Columbia
Waiver of Liability**

Household Information

Name: _____ Date of Birth: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone (Home): _____ Phone (Cell): _____

Email Address: _____

Emergency Contact: _____ Phone (Cell) _____

Participation in this activity may involve physical contact. Each user determines his or her level of participation. As with any physical activity, there is an element of risk which each participant must assume.

In consideration for participation in the program(s) listed above, I hereby waive, absolve, indemnify and agree to hold harmless the Town of Columbia, its departments, commissioners, supervisors, instructors, volunteers, and participants from claims arising out of injury to myself/child. I grant permission to the Town of Columbia to utilize any medical emergency services deemed necessary to treat my child should I not be able to be reached. I also understand that the Town of Columbia does not provide medical insurance for participants.

Signature of Participant/Parent/Guardian



Date

Printed Name

Office Use Only: Initial _____ Date _____ Cash or Check # _____ Amount _____