



Renée Le Verrier

**Registration Form
TEACHER TRAINING
Yoga for Parkinsons**

Name: _____

Date _____

Mailing
Address: _____

Phone number: _____

E-mail: _____

Emergency Contact: _____

\$350 Payment through PayPal. Upon receipt:

- Yoga for Movement Disorders book will be mailed to the address you enter above.
- One-page participant questionnaire is included. Please return with signed waiver via email to renee@leverrier.com.
- Zoom information and password to web page containing a downloadable Participant Manual will be emailed to the address you enter above.



**Participant Questionnaire
TEACHER TRAINING
Yoga for Parkinsons**

- Describe your interest in yoga:

- What brings you to Yoga for Parkinsons Teacher Training?

- What are you hoping to take away with you from this course?

- Questions/concerns/physical limitations/special things you think Renee should know about you?



Waiver of Liability and Agreement of Release
TEACHER TRAINING
Yoga for Movement Disorders
PLEASE READ THOROUGHLY BEFORE SIGNING
THIS IS A NON REFUNDABLE AGREEMENT

I, _____, hereby agree to the following:

1: I am participating in the Yoga classes or Teacher Training offered by LIMYoga during which I will receive information and instruction about yoga and health. Physical activity, by its nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury – including serious injury and death – and I am fully aware of the risks and hazards involved.

2: I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga classes or Teacher Training. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga classes or Teacher Training. I further acknowledge that LIMYoga – including its members, officers, agents, volunteers, independent contractors and employees does not assume any responsibility for my medical condition, diagnosis or treatment.

3: In consideration of being permitted to participate in the LIMYoga classes or Teacher Training, I agree to assume full responsibility for any risks, injuries, or damages – known or unknown – which I might incur as a result of participating in the program.

4: In further consideration of being permitted to participate in the LIMYoga classes or Teacher Training today and on all future dates, I knowingly, voluntarily, and

expressly waive any claim I may have against LIMYoga for injury or damages that I may sustain as a result of participating in the program.

5: I, my heirs, legal representatives, and assigns forever release waive, discharge and covenant not to sue LIMYoga for any personal injury, property damage, disability or death caused by their negligence and acts.

6: I agree to hold harmless and indemnify LIMYoga from all claims resulting from negligence or any cause and to reimburse them for any expenses incurred by LIMYoga in investigating and defending a claim or suit if my claim is withdrawn, or to the extent that a court of arbitration determines that LIMYoga is not responsible for injury or loss.

7: I further acknowledge and agree that this waiver, release and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that if any portion thereof is held invalid, I agree that the balance shall continue in full legal force and effect. I agree that if legal action is brought, it must be brought in the State of Washington.

ACKNOWLEDGMENT OF UNDERSTANDING: I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS AS WELL AS THE FACT THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE. IT IS MY INTENTION TO EXEPT AND RELIEVE LIMYOGA FROM LIABILITY AND FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OF ANY OTHER CAUSE.

Date: _____

Signature of Participant: _____

Print Name: _____