



REGISTRATION FORM
Get On Your Mat For Mental Health!
Wednesday, June 21, 20-17 – Turnure Park, White Plains, NY
Under the open sky

Check-in: 5:30 pm Class Begins 6:30 pm

Participant Information>> Please print clearly! (One Form Per Registrant, Please)

Male Female

Last Name _____ First Name _____

Affiliation/Group _____

Street Address _____

City _____ State _____ Zip _____

Phone (work) _____ Phone (home) _____ E-mail _____

In case of emergency, call _____ Phone _____

Registration Information

\$25 Registration for Adult/Student _____

\$15 Little Yoga (children under 12) _____

Total \$ _____

Payment Information

Enclosed is my check (payable to MHA Westchester)

Enclosed is my credit card number.

Mastercard Visa Amex

Card # _____ Exp. Date _____ Security Code _____

Total Payment Enclosed \$ _____

Send registration form to:

Constance Moustakas – Director of Development
 Mental Health Association of Westchester
 580 White Plains Road, Suite 510
 Tarrytown, NY 10591
 914-345-5900 x7511 Fax: 914-592-3829
 Email: onthemove@mhawestchester.org
 www.mhawestchester.org

Join us under the open sky!

Join The Mental Health Association of Westchester on June 21, 2017 for ***Get On Your Mat For Mental Health***, a mega-yoga community event that celebrates the connection between physical health and mental health and wellness. The event will be outdoors in Turnure Park in White Plains, NY. **Yoga class will be led by renowned teacher, Beryl Bender Birch.** No previous yoga experience needed. All ages are welcome. Event includes healthy food, live music, and yoga marketplace.

WAIVER MUST BE SIGNED.

Release and Waiver of Liability, Assumption of Risk and Indemnity and Parental Consent Agreement.

In consideration of being permitted to participate in any way in *Get On Your Mat For Mental Health* sponsored, yoga activity, I, for myself, my personal representatives, assigns, heirs and next of kin:

- ACKNOWLEDGE, agree and represent that I understand the nature of *Get On Your Mat For Mental Health* and that I am qualified, in good health and in proper physical condition to participate in such activity. I further acknowledge that the activity will be conducted in a public space. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
- I fully understand that (a) yoga can involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death (“risks”); (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place or the negligence of the “Releasees” named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND RESPONSIBILITY FOR SUCH LOSSES, COSTS AND DAMAGES I incur as a result of my participation in the activity.
- HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE MHA OR WESTCHESTER COUNTY, their respective administrators, directors, agents, officers, members, volunteers and employees, other participants, any sponsors, advertisers and, if applicable, owners and lessors of premises on which the activity takes place (each considered one of the “Releasees” herein) from all liability, claims, demands, losses or damages, on my account caused or alleged to be caused whole or in part by the negligence of the “Releasees” or otherwise, including negligent rescue operations; and further I agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the “Releasees,” I will indemnify, save and hold harmless each of the “Releasees” from any litigation expenses, attorney fees, loss liability damage or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, fully understand its terms, understand that I have GIVEN UP SUBSTANTIAL RIGHTS BY ACCEPTING IT and have accepted it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Participant Signature _____ (Print name) _____

IF PARTICIPANT IS UNDER 18, I, the parent and/or legal guardian of said minor child, understand the nature of yoga activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and agree to indemnify, save and hold harmless each of the “Releasees” from all liability, claims, demands, losses or damages on the minor’s account caused or alleged to be caused in whole or in part by the negligence of the “Releasees” or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor or anyone on the minor’s behalf makes a claim against any of the “Releasees” named above, I will indemnify, save and hold harmless each of the “Releasees” from any litigation expenses, attorney fees, loss liability, damages, or any cost that may incur as the result of any such claim.

Parent/Guardian Signature _____

Name of Minor _____ Age of Minor _____ Date _____

(only if participant is under the age of 18)