

EVENING YOGA CLASS REGISTRATION & WAIVER

Classes with Lisa Laasch will be held

Tuesdays 4:30 pm - 5:30 pm in Meeting Room #3

Six Week Session: April 23rd – May 28th

Fee: Drop-In \$12 / Full Session \$60.00

(Please Print)

Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____

Email _____

Emergency Contact _____

Emergency Contact Phone _____

******Please read and sign the waiver on the back of this form***

EVENING YOGA CLASS WAIVER

1. I wish to participate in the Evening Yoga Class (the "Activity") coordinated by the City of Crosslake and taught by instructor Lisa Laasch (collectively, the "City").
2. My participation in the Activity is voluntary. I acknowledge that participating in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I assume any and all risks, both known and unknown, while participating in the Activity.
3. To the best of my knowledge, I am physically fit and have no physical or medical conditions that would prevent me from participating in the Activity. I acknowledge that the City recommend that prior to participating in the Activity, I should first consult with my physician and abide by any limitations set by my physician.
4. I understand and agree that neither the City or any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or other damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
5. I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my conduct, actions or omissions while participating in the Activity.
6. It is my express intent that this Waiver and Release shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
7. The City of Crosslake is asking you to provide information which includes private information under the Minnesota Government Data Practices Act. This information will be used to enroll you in the program, in the administration of the program, and for emergency purposes. You are not legally required to provide the information the City is requesting and you may refuse to provide some or all of the information requested. However, the City may not be able to enroll you in the program if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to City Employees and Volunteers involved in the program. However, state and federal law authorize release of private information without your consent if required by a court order, or permitted by other state or federal law.
8. I have read the above and understand the legal significance of signing this document.

Name (Please Print) _____ Phone _____

Signature _____ Date _____

NOTICE: Participants under 18 years of age must have this waiver and release co-signed by their parent or legal guardian. I certify that I am the parent or legal guardian of the above individual and hereby consent to his or her participation in the Activity. I have read and understand the above waiver and release of liability and I agree to be bound by the terms stated therein.

Parent/Guardian Signature _____ Date _____