



jim harrington yoga

teacher training • workshops • studio

Please complete your details below and sign the liability release for the purpose of registering for the Jim Harrington Yoga Advanced Teacher Training and Retreat.

PERSONAL INFORMATION

Name: Surname:

Date of birth (yy/mm/dd):

Tel (w)

Tel (cell)

(Email)

Emergency contact name:

Emergency contact relationship with you:

Emergency contact number:

Medical Insurance name:

Medical Insurance number:

WELLBEING INFORMATION

Please list any past and recent injuries:

Please list any medical conditions:

Any other information you think I should know:

LIABILITY RELEASE

In exchange for permission for me to participate in Advanced Teacher Training and Retreat with Jim Harrington in India, I hereby grant the following release from Liability:

I, release, discharge, and hold harmless Jim Harrington (yoga teacher), JimHarringtonYoga (yoga school), it's officers, directors, employees, agents, landlords, lessees, sponsors, and franchisees (hereafter the "Released Parties) from any and all liability for injury to my person or other persons, and to my property or other person's property, arising out of or in connection with, or caused in any manner by my participation in the Advanced Teacher Training course and Retreat to India.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and with respect to any past or present injury, illness, health problem, or any other condition or medication that I now have previously had, that could affect my participation and ability to participate in and to endure the training and retreat program and classes.

I acknowledge that I have taken-out Travel & Health Insurance, and have provided a copy of such to Jim Harrington for safe-keeping. I acknowledge that I have provided Jim Harrington with a copy of my passport and emergency contact details.

In the event that I become ill or injured during participation in the training and retreat program or classes, I hereby authorized the Released Parties to arrange for such emergency medical attention as they, in their sole judgment may deem to be required to preserve my life and/or health.

I hereby release, discharge, and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any illness or injury to me to any harm to my property arising in connection with or as a result of such emergency medical treatment.

This release is unconditional.

Signed at on this day of 20

Signature:

Printed Name: