Office Use Only:
Ck#_____
Date:_____

Mellow Vinyasa Yoga

Date/Time: Tuesdays 5:30-6:45pm
Mon & Fri 8:30-9:45am
Location: Jamestown Country Club
Cost: 6 class pass for $60. Drop-ins welcome, $15/class
Instructor: Kim Chandler

Name _____ Email _____

Street Address _____ Home Phone Number _____

Emergency Contact Person _____ Emergency Phone Number _____

Medical Information

Is there any medical condition and/or allergy that the Recreation Department should be made aware of prior to your participation in this program?

_____ Yes If Yes:_____
_____ No (Specify)

Mellow Vinyasa Yoga
MEDICAL INFORMATION FORM

For participants in the Jamestown Recreation Department Yoga Program: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemptions from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Yoga Program, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily harm to myself while participating in the Yoga Program, sponsored by the Jamestown Recreation Department. I realize that the Town does not provide medical insurance and that injuries incurred would be my responsibility.

_____
Signature

Please make checks payable to Jamestown Parks and Recreation
Mail to: Parks and Rec. Registrations, PO Box 377, Jamestown RI 02835