



Living Yoga Program

8206 Stillwood Lane ♦ Austin Tx ♦ 78757-7635 ♦ U.S.A.
(512) 266-7926 (voice mail) ♦ www.livingyogaprogram.com

Building a caring, diverse, and empowered yoga community.

Course Registration

Date Male Female Date of Birth _____
 Name
 Address
 City/State/Country/Zip.....
 BEST Telephone ()..... Evening Telephone ().....
 E-mail address
 Emergency contact name AND relationship to you
 Emergency contact's BEST Telephone ().....

"X" to select	Dates	Module Information	Price	Total Fee per row
	July 14-23, 2017	Module 1 Immersion Training 7am - 9pm daily (starts 4pm Friday, ends 12p Sun) 100 hours of training	\$2100 Prior to 6/14/17 \$2250 after 6/14/17	
	Oct 18-19, 2017	Module 2 – Yoga Anatomy 9am - 9pm daily; 20 hours of training. Onsite Registration Wed only, 7:30am Lunch and dinner included. Breakfast additional.	\$460 Prior to 9/20/17 \$500 after 9/20/17	
	Oct 20-22, 2017	Module 3 – Texas Yoga Retreat 7am – 9pm daily; 30 hours of training. Onsite Registration Friday 6am.	\$715 Prior to 9/20/17 \$760 after 9/20/17	
	Oct 23, 2017	Module 4a 7am – 9pm daily; 10 hours of training. No onsite Registration	\$240 Prior to 9/20/17 \$255 after 9/20/17	
	Oct 24, 2017	Module 4b 7am – 9pm daily; 10 hours of training. No onsite Registration	\$240 Prior to 9/20/17 \$255 after 9/20/17	
	Oct 25, 2017	Module 4c 7am – 9pm daily; 10 hours of training. No onsite Registration	\$240 Prior to 9/20/17 \$255 after 9/20/17	
OR Save \$85 by registering for all 5 modules below...				
	Oct 18-25, 2017	Modules 2, 3, & 4 (a, b & c)	\$1810 Prior to 9/20/17 \$1,940 after 9/20/17	
1. TOTAL COURSE FEE HERE (Subtotal 1)			Enter Total \$	

EMAIL REGISTRATION TO: Ellen B. Smith at ebsmith@livingyogaprogram.com

OR

SNAIL MAIL REGISTRATION TO:

Living Yoga Program
8206 Stillwood Lane
Austin, Texas 78757-7635

Questions? Call our 24/7 voice mail line at 512-266-7926

Please allow 2 weeks for processing. Once registered, we will E-mail a confirmation letter to you.

CALCULATING YOUR FEES: A \$150 deposit reserves your place and is applied to your balance due. Balance of fees is due 31 days prior to the start of the event.

1. Total Course Fee (Subtotal 1)	
2. Total Accommodations Fee (Subtotal 2)	
3. Total Additional Meals (Subtotal 3)	
4. \$15/day Commuter fee (Subtotal 4)	
5. Non-refundable \$150 Living Yoga Program Application Fee <i>*disregard if previously paid</i> Enter \$	
6. Grand Total (1+2+3+4+5)	
7. The amount you are paying now (check payment method below) *\$150 deposit reserves your space. Deposit is APPLIED to your balance due. It is separate from the Application fee. Enter \$	
8. Amount still owed to Living Yoga Program, if applicable (6-7)	

<input type="checkbox"/> I authorize the LYP staff to charge my credit card . Initial here _____	Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <i>(We do not take American Express)</i>
<input type="checkbox"/> I used PayPal to pay my fee on the Living Yoga Program link . http://livingyogaprogram.com/payments.htm	Expiration Date: ___ ___ / ___ ___ (Month/Year)
<input type="checkbox"/> I am enclosing a personal check or money order payable to <i>Living Yoga Program</i> .	Credit Card # (XXXX - XXXX - XXXX- XXXX) _____
	Signature for Credit Card: (type signature if submitting electronically) _____

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

That I am participating in the Living Yoga Program and/or the Texas Yoga Retreat, which includes but is not limited to Yoga and Qigong Classes, Workshops, Health Programs, and School, and is offered by the Living Yoga Program, L.L.C. and Charles MacInerney, and Ellen B. Smith, during which I will receive information and instruction about yoga, qigong, and health. I recognize that yoga and qigong require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga and Qigong Classes, Workshops, Health Programs, and School. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga and Qigong Classes, Workshops, Health Programs, and School. I have agreed to inform my teachers of any physical discomfort, and if I have not informed them of any physical discomfort, I have consciously chosen not to and I take full responsibility for my choice. In consideration of being permitted to participate in the Yoga and Qigong Classes, Workshops, Health Programs, and School, 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.

In further consideration of being permitted to participate in the Yoga and Qigong Classes, Workshops, Health Programs, and School, I knowingly, voluntarily and expressly waive any claim I may have against The Living Yoga Program, L.L.C. and Charles MacInerney, and Ellen B. Smith for injury or damages that I may sustain as a result of participating in the program. This release and waiver of liability covers all classes I ever participate in with The Living Yoga Program, L.L.C. and Charles MacInerney, and Ellen B. Smith, current and into the future.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue The Living Yoga Program, L.L.C. and Charles MacInerney, and Ellen B. Smith for any injury or death caused by negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____

Signature of Participant: _____

Sign here only if participant is under 18: As Legal Guardian of _____, I consent to the above terms and conditions.

Signature of Legal Guardian: _____