



Shanti Shanti Yoga School

Retreat Registration and Waiver

Contact Information

Name: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____ Relationship: _____

Retreat and Payment Information

Retreat: _____ Dates: _____

Accommodations: _____

If shared, provide roommate's name (if known): _____

Allergies, dietary restrictions, physical limitations, injuries, pregnant, etc?

\$ _____ Non-refundable deposit is included with this registration form and waiver

\$ _____ Retreat paid in full

\$ - _____ Discounts (Please circle below)

SSYS Teacher Training Previous Attendee Cloud Nine Yoga Teacher Training

If paying by check, please mail form and check to:

Shanti Shanti Yoga School
2800 Madison Avenue F4
Fullerton, CA 92831

If paying by credit card, please access <http://yoginisam.com/samantha/retreats.html>.

_____ I need a certificate of completion for Yoga Alliance Continuing Education Units (CEU)



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Agreement

I understand that Shanti Shanti Yoga School reserves the right to refuse or deny service or ask to leave the retreat if my behavior is inappropriate, unethical or violates the retreat property's or Shanti Shanti Yoga School's ethical guidelines. Under such circumstances I understand I will not be refunded monies paid. I understand that I will not receive my deposit money or other retreat balances if I cancel or am absent from the retreat without proper notification, which is at least 2 weeks prior to the start of the retreat. If I cancel 2 weeks prior to the start of the retreat, I will forfeit my deposit but my remaining balance will be refunded. The withheld deposit may be applied to a future retreat within one year from the original retreat.

I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required. I am voluntarily participating in these activities with knowledge of the risks of injury for which I will voluntarily assume. Individuals hereby acknowledge that before participating in an exercise program that they should consult with a physician. Any therapies given are not to underscore traditional medicine. Individuals under eighteen (18) must be accompanied by a parent or legal guardian. I am aware and agree that it is a complete release of liability voluntarily assumed for my participation in physical fitness and exercising activities with "Samantha Gallo", "Alexis Kemp" and "Shanti Shanti Yoga School" and all of their agents.

I have read and accept the above terms and requirements

Name: _____ **Date:** _____

Signature: _____