

Adult Yoga Entry Form

Name

Address

City

ZIP

Telephone

Home

Work

Cell

Email Address

Paid

Receipt No.

Payable to: Brookhaven Recreation Department
601-833-3791

_____ Beginner Monday night 7:00-8:30

_____ Intermediate Monday morning 8:15-9:45

Fee will be due first lesson of each month.

OVER

ADULT RELEASE FORM

I _____, OF ACTIVITY LISTED BELOW
STUDENT

BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN
AND ITS DEPARTMENT OF RECREATION ALLOWING TO PARTICIPATE IN
THE FOLLOWING RECREATIONAL ACTIVITY, TO-WIT:

ADULT YOGA

I DO HEREBY, RELEASE SAID CITY AND DEPARTMENT FROM ANY
RESPONSIBILITY FOR ANY HARM OR INJURY, (OR ANY LIABILITY WHICH
MAY RESULT THEREFROM) WHICH MAY EXPERIENCE OR SUFFER FROM
WHILE PARTICIPATING IN OR ATTENDING A RECREATIONAL ACTIVITY
SPONSORED, OPERATED OR CREATED BY SAID CITY AND DEPARTMENT.

I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND
DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE
FROM ANY BODILY INJURY I MAY SUFFER WHILE PARTICIPATING IN THE
CITY AND DEPARTMENT RECREATIONAL ACTIVITIES.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS.

SIGNED _____

DATE _____