

# Adult Yoga Entry Form

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Name

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Address

City

ZIP

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Telephone

Home

Work

Cell

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Email Address

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Paid \$40.00 per month

Receipt No.

Payable to: Brookhaven Recreation Department  
601-833-3791

**First class Monday, August 2**

\_\_\_\_\_ Monday & Wednesday Mornings 8:00-9:15 AM

**First class Tuesday, August 3**

\_\_\_\_\_ Tuesday & Thursday Nights 6:00-7:15 PM

\$40.00 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 \_\_\_\_\_