



Pre-Registration Form
Yoga for Peace, St Louis
September 19th, 2009

Name _____
Address _____
Telephone _____
E-mail _____

- \$20 Suggested Donation
 Other or Additional Amount \$ _____

Make checks payable to Urban Breath and mail to:
Urban Breath Yoga
1220 Tamm Ave
St Louis MO 63139

Release and Assumption of Risk

With my signature I acknowledge that participating in Yoga for Peace can be an inherently strenuous activity and that no event is without risk. I have consulted with my physician regarding my physical capability to participate in this event and am following my physician's advice. I hereby waive all claims against Yoga for Peace and all event sponsors and volunteers, and any personnel functioning with respect to the event for any injury, accidents, or physical conditions I might suffer in this event. I grant full permission for organizers to use my name, likeness or voice and photographs, videotapes or quotations from me in accounts and promotions in any medium of this event, and of the activities of Yoga for Peace. This permission is perpetual and worldwide.

Signature: _____ Date: _____