



**Sarah Powers Weekend Workshop February 10 – 12, 2012**

**Consent, Release and Registration**

**A c k n o w l e d g m e n t**

I hereby acknowledge that various treatments, exercises and yoga have varying effects on individuals based on their size, age, physical condition and/or general state of overall health. I understand that it is my sole responsibility to determine my physical fitness for any exercise, practice or treatment and its suitability based on my physical condition.

**R e l e a s e**

I hereby acknowledge and release Parasutra, Connie Beaudoin-Karlson and their affiliates, partners, mortgages, successors and assigns from and against any and all actions, costs, claims, losses, expenses and/or damages including attorney's fees at all judicial levels, that I have now or may have in the future (or that my executors, administrators, heirs, next of kin, successors or assigns have now or may have in the future) for any personal injury, negligence, property damage or loss or liability or otherwise, arising out of or in any manner resulting from my participation in offerings and/or classes, services, treatments and/or use of the facilities at Parasutra and Palm Beach Atlantic University and understand that this release includes any claims arising out of the actions or inactions of Connie Beaudoin-Karlson and/or any of the teachers teaching at these facilities.

**I n f o r m e d C o n s e n t**

Date\_\_\_\_\_

Print Name\_\_\_\_\_Signature\_\_\_\_\_

Phone\_\_\_\_\_Email\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State/Zip\_\_\_\_\_

Emergency Contact\_\_\_\_\_

**R e g i s t r a t i o n**

**Payment Information**

We accept Personal Checks, Visa, MasterCard and American Express

Credit Card Type\_\_\_\_\_ Credit Card #\_\_\_\_\_exp\_\_\_\_\_

Billing Zip Code\_\_\_\_\_Signature\_\_\_\_\_

Check Enclosed\_\_\_\_\_ Check #\_\_\_\_\_ Amount\_\_\_\_\_

\$295.00 for the Weekend Workshop/ \$125.00 for Friday Evening session only  
\$325.00 after January 1, 2012