

Registration and Release Form  
for  
**Hearthstone Travel in Oaxaca, Mexico**  
**Day of the Dead Celebration**  
**October 29 to November 5, 2014**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

Deposit \$500

Please make check payable to **Hearthstone Travel** and mail completed form with your deposit to:  
17 Fairbanks Road  
Colrain, MA 01340

By signing my name below, I acknowledge that participation in Yoga classes or any other exercise during the trip exposes me to a possible risk of personal injury. I am fully aware of this risk and hereby release Cordelia McKusick and Sarah McKusick from any and all liability, negligence, or other claims, arising from, or in any way connected, with my participation in Yoga and any other activities, including guided tours of the area.

My signature further acknowledges that I shall not now, or at any time in the future, bring any legal action against Sarah McKusick and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors, and my assigns. My signature is binding to this liability waiver from this day forth.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

