

Hearthstone Travel Culinary & Cultural Journey in Oaxaca  
Nov. 14-22, 2014

REGISTRATION & RELEASE FORM

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

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

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

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

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

MEDICAL ALERT (injuries, physical limitations, ailments, etc.) to strengthen muscles and increase flexibility:

\_\_\_\_\_

SEVERE ALLERGIES: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

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

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 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.

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.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

