



810 Heathen Hill Road, Franklin, NY 13775

607-829-5328

Registration Form for Susan "Lip" Orem in Tulum, Mexico  
January 29 - February 5, 2010

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

I Would Like Room: \_\_\_\_\_ No Room Preference

Attached is my deposit check payable to Heathen Hill Yoga in the amount of \$500.00.  
I understand that the balance is due by January 9, 2010, and agree to pay the balance.

Special Dietary Needs: \_\_\_\_\_  
\_\_\_\_\_

Any Health Issues Heathen Hill Should Know About:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Person and Phone #  
\_\_\_\_\_

I Plan to Arrive: \_\_\_\_\_ On: \_\_\_\_\_ At: \_\_\_\_\_  
*Date Airline and Flight # Time*

I Plan to Depart: \_\_\_\_\_ On: \_\_\_\_\_ \_\_\_\_\_  
*Date Airline and Flight # Time*

I would like transportation to and from the Hotel. I understand that there is an additional charge.

Please complete both (2) pages and Send  
With Your Deposit Check to:

Susan Orem  
160 East 3rd St, #3A  
New York, NY 10009

\_\_\_\_\_  
Signature of Participant



Agreement of Release and Waiver of Liability  
for Susan "Lip" Orem in Tulum, Mexico  
January 29 - February 5, 2010

I, \_\_\_\_\_ hereby agree to the following:

- 1) That I am participating in the Yoga Classes offered by Susan Orem during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
- 2) I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes. I represent and warrant that I am physically fit and have no medical condition, which could prevent my full participation in the Yoga Classes.
- 3) In consideration of being permitted to participate in the Yoga Classes, I agree to assume full responsibility for any risks, injuries or damage, known or unknown, which might occur as a result of participation in the program.
- 4) In further consideration of being permitted to participate in the Yoga Classes, I knowingly and expressly waive any claim I may have against Dana Strong and/or Susan Orem for injury or damages that I may sustain as a result of participation in the program.
- 5) I, my heirs or legal representatives forever release, waive, and covenant not to sue Susan Orem for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability, and fully understand its contents. I voluntarily agree to the terms and condition stated above.

Date: \_\_\_\_\_ Signature of Participant \_\_\_\_\_