

D/FW Hindu Temple Society – Ekta Mandir

Today's Date: _____

OM-Yoga-Darshan Registration –Spring 2015

Please Circle one of the following:

- 1. Beginner Class \$50**
- 2. Repeaters' Class \$50**
- 3. Children's Class \$50**

Name: _____

Telephone: _____

Email Address: _____
(Please Print)

Registration Information: (Fees are non-refundable)

Class Registration Fee: **See Above**
Checks payable to "DFW Hindu Temple Society"

Waiver and Assumption of Risk

For good and valuable consideration, the receipt and sufficiency of which are acknowledged, I, the undersigned, who will participate in OM-Yoga-Darshan, hereby voluntarily sign and deliver this waiver and agree to be bound by it, for the benefit of the D/FW Hindu Temple Society, fully waiving and releasing the Society, its Trustees, officers, executive committee members, and volunteers from any and all claims and causes of action that may arise from participation in said activity and/or use of the Society's facilities, including, but not limited to, those relating to personal injury or property damage or resulting from the negligence or gross negligence of the Society; and I assume all risks relating to my participation. I understand that the Society is relying on the enforceability of this waiver in accepting me in the program.

Participant Signature

----- For Office Use Only -----

Fee Paid: _____ Check Number: _____ Amount: _____