



Yoga Waiver & Release & Registration/Cancellation Form

Name: _____ Birthdate: _____

Address: _____

City _____ State: _____ Zip _____

Preferred Contact No.: _____ Secondary Contact No.: _____

Email: _____

Emergency Contact Name: _____ Number _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against the yoga instructors at this location and the sponsor organization.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I understand the risks associated with my participation in this program and voluntarily choose to participate in it assuming all risk of injury and/or death. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Hawai'i.

Signature: _____ Date: _____

Print Name: _____

Registration/Cancellation

I authorize Honolulu Federal Credit Union (HOCU) to deduct \$40 for the Yoga program fee for admission to two (2) classes per week from the following HOCU Credit Union Account:

I authorize Honolulu Federal Credit Union (HOCU) to deduct \$25 for the Yoga program fee for admission to four (4) classes per month from the following HOCU Credit Union Account:

I agree to notify the instructor or Human Resources (777-5627) of each class attended in the current month and authorize Honolulu Federal Credit Union (HOCU) to deduct \$8.00 per class for the Yoga program fee. This fee will be deducted at the end of the current month for all classes attended from the following HOCU Credit Union Account:

Account Type	<input type="checkbox"/>	Share Draft/Checking	Account No:
	<input type="checkbox"/>	Shares/Savings	

I have read and agree to the terms of participation set forth below:

- I understand that the program fee will be deducted from my HOCU designated account and that there are no refunds or substitutes under any circumstances. If the program is terminated by HOCU, refunds will be issued.
- My election will remain in force until I submit a new registration/cancellation form to change or terminate my election.
- My election will automatically terminate if I do not have sufficient funds in my HOCU designated account for the elected program.
- Enrollment and cancellation must be received by the end of the current month to be effective the first of the following month.

Please cancel my enrollment in the Yoga Program effective _____ (last day of the month).

Signature: _____ Date: _____

Print Name: _____

Submit completed forms to any HOCU branch or mail to: PO Box 235862, Honolulu, 96823-3515.

We reserve the right to reduce hours of instruction, change instructors or location, increase fees or cancel classes if minimum enrollments are not met.