**Event Registration Form Instructions**

1. Print this document.

2. Fill out and sign the following two pages.

3. Mail the completed form, along with your check to:

Toning the OM

64 Bay Street

Bronx, NY 10464

**Event Registration Form**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street ddress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_ Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date Of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In Case Of Emergency Notify:**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For roommate purposes:**

Do you snore?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a smoker?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Questions**: (if you need more space, use other side)

**Please describe your exercise program?**

**Do you have any special requests (dietary needs, health concerns, special room, bed size, etc)?**

**Are you taking any medications or do you have any medical conditions that we should be aware of?**

**Have you previously participated on a Toning the OM retreat/workshop? (If yes, please specify)**

**What is your main objective for the Retreat?**

**Event Registration Form**

**Assumption of All Risks and Release of Liability\***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed first and last name)

acknowledge that I have voluntarily applied to participate with Toning the OM on the

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(name of the event you are attending)

I am voluntarily participating with knowledge that travel involves numerous risks and dangers including, but not limited to: forces of nature; roads; trails; hotels; vehicles; boats or other means of; high altitude; accident or illness without access to means of rapid evacuation or availability of medical supplies; the adequacy of medical attention once provided; physical exertion for which I am not prepared; consumption of alcoholic beverages; or negligence on the part of Toning the OM, or others. I acknowledge that the enjoyment and excitement of adventure travel is derived from the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work and that these inherent risks contribute to such enjoyment and excitement, being a reason for my voluntary participation. As lawful consideration for being permitted by Toning the OM, to participate on the journey listed above, I hereby accept any and all risks of illness, injury, death or emotional trauma. I hereby agree that I, my heirs, legal representatives or any member of my family will not make a claim or sue Toning the OM or any of its affiliated agents or employees for bodily injury, death, emotional trauma or property damage resulting from my participation in the journey.

I therefore release and discharge Toning the OM and its agents and employees from and against

any and all liability arising from my participation in the journey listed above. I am aware that this is a release of liability and a legally binding and enforceable contract between myself and Toning the OM, and sign it of my own free will.

**I am over 18 years of age** Yes No (please circle yes or no)

**Cancellation and Refund Policy\***

I further understand that reservations canceled 60 days or more prior to the departure date are subject to a $300 loss of deposit. Reservations canceled 30-59 days prior to the departure date are subject to a cancellation fee in the amount of 50% of the event cost. Reservations canceled 29 days or less prior to the departure date are non-refundable.

I have read and agree to both the **"Assumption of All Risks and Release of Liability"** and the **"Cancellation and Refund Policy"**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed name) (signature) (date)