

Yoga Warriors Against Cancer

Participant Information
 Name _____ Phone _____
 Address _____ Email _____

Class Registration
 I would like to sign up for the following class(es) on Friday, August 6 (choose up to one from each time slot)
 6:00pm-7:15pm – Mind Body/Gentle 6:00pm-7:15pm – All Levels
 7:30pm-8:45pm – Mind Body/Gentle 7:30pm-8:45pm – All Levels

Please check any that apply
 I am currently undergoing treatment for cancer (please list cancer type) _____
 I am a cancer survivor and have completed treatment (please list cancer type) _____
 I am a caregiver to someone diagnosed with cancer
 I take yoga classes (please list location) _____
 I have never taken a yoga class

Payment Method
 My check for \$30 made payable to Presbyterian Healthcare Foundation is enclosed
Mail completed application with money to:
Presbyterian Healthcare Foundation, PO Box 33549, Charlotte, NC 28233-3549
 Please charge my: Visa MasterCard American Express

 Card Number Expiration Date

 Name as it appears on your card Signature

Fax completed application to 704.316.8220
 How did you hear about this event? _____
 May we use the above information to contact you about your participation/interest in this or other Cancer Center programs? Yes No
 I would like to receive Presbyterian Cancer Center's Support for the Journey newsletter via Print Email

Participant Consent and Release

I understand that the *Yoga Warriors Against Cancer* program is designed for my comfort and enjoyment. I voluntarily agree to participate in the group yoga class during which I will receive instruction and participate in yoga. I understand that yoga requires physical exertion, which may be strenuous and may cause physical injury. I understand that the risks of yoga include, but are not limited to, acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light-headedness, dizziness, delayed onset muscle soreness, tendonitis and other discomforts.

I have no health problems that would prevent me from participating in these yoga classes. I understand that it is my responsibility to consult with my doctor prior to participating in this or any exercise program. I agree to exercise at my own pace and participate only as I am able. I understand that I may stop at any time. I acknowledge that no guarantees have been made to me concerning the results of participating in yoga.

I give my permission to be photographed or filmed during the program. I understand that the photos or films may be aired nationally to raise awareness of cancer.

On behalf of myself and those claiming through me, I release Novant Health, Inc., Presbyterian Hospital, Centered Wellness Carolinas LLC, and Yoga for Life and all of their employees, volunteers, officers, doctors and agents from any responsibility for any injuries or damage that may result from my decision to participate in Yoga Warriors Against Cancer.

I have read this form. I have had a chance to ask questions. My questions were answered to my satisfaction. I sign this form voluntarily.

Signature _____ Date _____

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

Interpreter Accepted _____ Interpreter Refused
 (Name/Number of Person/Services Chosen/Used)



Yoga Warriors Registration, Consent and Release

