



**YOGA RETREAT ON STAR ISLAND
ISLES OF SHOALS, NH - SEPTEMBER 13 - 16, 2012**

This is our tenth annual retreat on Star Island. Rasamaya organizes this conference, collaborating with some of the best presenters and studios New England has to offer. All classes and the boat ride to and from the island, as well as your room and board are included. Additional costs include Lobster Dinner on Saturday Night (sold at market price) and parking at the harbor is \$10 a day (\$40 total for our trip). Single, double, and triple occupancy rooms are available.

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip Code _____

Email _____ Phone _____

Emergency Contact _____ Phone _____

Method of Payment Credit Card Check Pay In Full Security Deposit of \$175*

Credit Card Number _____

CVV2 _____ Expiration _____ Visa MasterCard

- Single \$635
- Motel Single (private toilet, no shower) \$795 (few available)
- Double \$545
- Motel Double (private toilet, no shower) \$613 (few available)
- Triple \$523
- Age 12-17 \$403
- Age 6-11 \$272
- Age 0-5 Free

Total \$ _____

First Floor Needed? Roommate Preference(s) _____

Additional Housing Needs _____

Dietary Preference Vegetarian Non-Vegetarian

Lobster Dinner? # _____ Donate to the Scholarship Fund? Amount \$ _____ Credit Card Check

Referred to this Conference by _____

* Deposit is non-refundable. Payment in full is due July 1. If you cancel six weeks before the start date, you will be refunded your payment minus the \$175 registration fee. If you cancel two weeks or less before the start date there is no refund.

Responsibility Waiver

- I understand that it is my responsibility to consult a physician regarding my participating in all programs offered by Rasamaya, LLC, EM Yoga Wellness & Star Island Corporation prior to attending my first class.
- I understand that it is my responsibility to inform the present teacher of any injuries and/or limitations that might affect my practice before each class I attend.
- I understand that I am participating in programs that may involve hands on adjustments to my body. I am permitting all teachers and assistants from Rasamaya, LLC, EM Yoga Wellness & Star Island Corporation to touch and adjust my body in accordance to professional standards.
- I acknowledge and understand that participation in some movement and circus arts classes entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities. Without certain degree of risks, students would not improve their skills and the enjoyment of activities would be diminished. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation is purely voluntary, and I elect to participate in spite of risks.
- In consideration of being permitted to participate in the programs at the Rasamaya, LLC, EM Yoga Wellness & Star Island Corporation, I assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of my participation in the program. I release and agree to indemnify and hold harmless, Rasamaya, LLC, Star Island Corporation, and their representatives, officers, to the fullest extent permitted by law. It is expressly agreed that all use of the facilities and premises (including but not limited to stairs, parking areas, walkways) shall be undertaken at my sole risk.
- I may occasionally be photographed while taking classes. The photographs are property of Rasamaya, LLC, & Star Island Corporation and no compensation will be given to me if Rasamaya, LLC & Star Island Corporation uses these photos for promotional purposes. If I do not want my picture taken it is my responsibility to let the photographer know.

Signature _____ Date _____

For Parents or Guardians of Participants of Minority Age (under the age of 18 at the time of registration)

By signing below I certify that I, as legal Parent/Guardian with legal responsibility for this participant do consent and agree to his/her release to the program. I also agree to all the terms and conditions stated above in the responsibility waiver in regards to both my child and myself.

Signature _____ Date _____