

**Registration Form (please print)**  
**Practice Mindfulness Northwest**

Website: [www.PracticeMindfulnessNW.com](http://www.PracticeMindfulnessNW.com) Email: [info@PracticeMindfulnessNW.com](mailto:info@PracticeMindfulnessNW.com)

First and last name (preferred name): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name & Phone number: \_\_\_\_\_

Do you have a yoga practice/type? \_\_\_\_\_

Do you have a meditation practice/type? \_\_\_\_\_

Health/Injury Concern(s): \_\_\_\_\_

Food allergy or any allergy: \_\_\_\_\_

**Please read the following carefully. Agreement of Release and Waiver of Liability**

I understand that I am participating in Yoga, movement, sound healing and different forms of mediation offered by Suchana Kullayanavisut. During which I will receive information and instruction about fitness, health and mindfulness practice. I recognize that movement requires physical exertion that may be strenuous and can cause physical injury and I am fully aware of the risks and hazards involved. I represent and warrant that I am physically fit and I have no medical condition(s) that would prevent my full participation in the class/retreat. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga, meditation, sound healing and your health and medical conditions.

I knowingly and voluntarily agree to take full responsibility for any risks, loss, claim, injury, death, damage or liability, known or unknown, which I might incur as a result in participating in the classes/retreat. I hereby release and agree not to sue Suchana Kullayanavisut for liability from any and all claims for participation in classes/retreat, or through use of equipments which is caused by an act or omission, whether negligent, intentional or otherwise of Suchana Kullayanavisut. I have read the release and waiver of liability and fully understand its content. I voluntarily agree to the terms and conditions above.

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_\_