



You're Going to Hawai'i!

Please print, complete and return this form with your payment to:
Domonick Wegesin, 12 Shetland Ct., Oakland, CA 94605

Name _____

Cell Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Travel Information

- I will be flying into Hilo airport for the March 13th 4pm pick-up flight # _____ on _____ airlines.
- I will be renting a car and request driving directions to Ramashala.

Dietary Information

- Pescatarian: I eat fish, but not other meats
- Vegetarian Vegan
- Other: _____

Emergency Contact

Name _____ Phone _____

Room Selection (circle name and number of intended yogis for that room)

Ramashala A	Ramashala B	Ramashala C	Ramshala D
Prana Up	Prana Down	Bali Hut	1 2 3 4

Payment

I am enclosing a check to Domonick Wegesin for the

- Deposit (50% of your total) \$ _____ (balance due on January 1st)
- Full payment \$ _____
- Postmarked prior to 11/27/08; please apply a 10% discount.

The Opener

Domonick Wegesin, Ph.D. RYT, LMT
12 Shetland Ct. Phone 510-219-1851
Oakland, CA 94605 domonick@theopener.com

Print Name: _____

Liability Waiver (please read and sign)

I, _____ (initial here), hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by Dr. Domonick Wegesin at The Opener during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation.
3. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against Dr. Wegesin, The Opener or Ramashala Retreat Center for injury or damages that I may sustain as a result of my participation.
5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue Dr. Wegesin, The Opener or Ramashala Retreat Center for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature

Date