



Registration Form

Please print, complete and return this form to:
Domonick Wegesin, 2859 Burton Dr., Oakland, CA 94611

Name _____

Mobil _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Travel Information

I will be flying into MSP airport for the 7:30 am pick-up on flight _____
on _____ airlines, inbound from _____

I will be driving to the retreat site and request driving directions.

Dietary Information

Omnivore: I eat everything

Pescatarian: I eat fish, but not other meats

Vegetarian

Other: _____

Emergency Contact

Name _____

Phone _____

Payment

I am enclosing a check to Domonick Wegesin for the

Deposit only \$300 (balance due on July 1st)

Full payment \$575

The Opener

Domonick Wegesin, Ph.D. RYT, LMT

2859 Burton Dr.
Oakland, CA 94611

Phone 510-219-1851
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 Phil Wilke 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 Phil Wilke 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