## NORTHERN CALIFORNIA REGIONAL USA YOGA ASANA CHAMPIONSHIP

JANUARY 15, 2011 ORGANIZED BY: Bikram Yoga Stockton 2341 Pacific Ave. Stockton, CA 95204

## **ENTRY FORM**

Dear Sir/Madame,

I am willing to participate in the *Northern California USA Yoga Championship* organized by Bikram Yoga Stockton. I understand that I must be a member of USA YOGA in order to participate in this event. The \$25.00 entry fee and a photo I.D. is to be attached to this form along with the signed waiver form and proof of age and residency.

NAME (PLEASE PRINT):				Address:
City:	State:	Zip:	Country:	_
Phone:	Email:			
Sex: MaleFemale	_Age:	D.O.B.:(Please atta	ach copy of photo ID)	
Yoga Studio				
Name:			· · · · · · · · · · · · · · · · · · ·	
Address:			····	
City:				
Coach:	<del> </del>			
XApplicant's Signature		Date:		
X Parent/Guardian Signature (if u	under 18 years old)	Date:		
XSponsor's Signature		Date:		
Payment Method: Check:	Credit Card:	Cash:	PayPal:	
If paying by credit card: Number	er		Ex date:	<del> </del>
If paying through PayPal: Conf	irmation number			

Please mail the form and payment to the address listed above. Any questions please call: Helena Monica or Kaci Reed at Bikram Yoga Stockton 209-948-9642

## Northern California Regional USA Yoga Asana Championship Waiver and Release of Liability

Waiver and Release of Liability		·			
(PLEASE PRINT CLEARLY)					
JameAddress					
City, State, Zip	Phone (	)	Sex	Age	
Home Studio	Entry Fee				
Who to notify in case of emergency			Pho	ne ( )	
	READ AND SIGN BELOV	W			
I acknowledge that this hatha yoga championshi the potential for serious injury. I realize that lial being released, from dangerous or defective equ possible liability for any other reason, including	bility may arise from negligence iipment or property owned, main	or careless	ness on the part of	the persons or entities	
I certify that I am physically fit, have sufficiently t medical person. I certify that I am not pregnant or in my information packet.					
I acknowledge that this Waiver and Release of Lia may participate and that it will govern my actions	bility form will be used by the eve and responsibilities at said events.	nt holders,	sponsors, and organ	izers in events in which I	
In consideration of my application and permitting administrators, heirs, next of kin, successors, and a death, disability, personal injury, property damage, and from this event, Bikram Yoga Stockton and an and THE FOLLOWING ENTITIES OR PERSON representatives, and agents, the event holders, even The Long Theater at University of Pacific and thei event sponsors, event directors, event volunteers, a for myself, my heirs, executors, administrators, leg HEREBY WAIVE, RELEASE, DISCHARGE, HO and the sponsors of this event, the organizer and as special districts and properties, and their respective foregoing are also collectively deemed to be releas THE RELEASEE'S OWN NEGLIGENCE which sustained by me directly or indirectly in connection return from the event.	assigns as follows: (A) Waive, Releasing as follows: (A) Waive, Releasing and all Co-Directors, Associated S: USA Yoga Federation and their not sponsors, event directors, event in directors, officers, employees, wand event officials (collectively Regal representatives, assignees and so DLD HARMLESS AND PROMISM promoting organizations, proper e agents, officials, and employees to sees) FROM ANY and all rights and I have or which may hereafter acc	ease and Directors a directors, o volunteers, releasees); (Bauccessors in E TO INDE rty owners, through or but CLAIMS rue to me and which which was a second to the control of the control	scharge from any an any hereafter accrue and or Support Staff fficers, employees, and event officials presentatives, and a ) Indemnify and Ho interest (collective MNIFY AND NOT law enforcement ago by which the events INCLUDING CLA and from any and all	and all liability for my to me or my traveling to f affiliated with this event; volunteers, (collectively Releasees); agents, the event holders, old Harmless the entities rely Successors) I TO SUE the releasees gencies, all public entities, will be held (the AIMS ARISING FROM damages which may be	
I hereby consent to receive medical treatment, whi	ich may be deemed advisable in the	e event of in	njury, accident and/	or illness.	
I understand that at this event or related activities I legitimate purpose by the event holders, producers	I may be photographed. I agree to a s, sponsors, organizers and/or assig	allow my pl ns.	noto, video or film	ikeness to be used for any	
This Waiver and Release of Liability shall be consapplicable law.	trued broadly to provide a release	and waiver	to the maximum ex	tent permissible under	
I hereby certify that I have read this document and	I understand its content.				
Signature of entrant					
PARENT OR GUARDIAN WAIVER FOR M guardian does hereby represent that he/she is, in fa all of the parties referred to above from all liability of any defect in or lack of such capacity to so act a	IINORS (Under 18 years old) That, acting in such capacity and agray, loss, cost, claim or damage what	ne undersignees to save	ned parent and natu and hold harmless a th may be imposed	and indemnify each and upon said parties because	
Signature of parent or guardian of minor					
Data			_		