

YORKTOWN STAGE YOGA CLASS REGISTRATION FORM

Scan this registration and return by email to barryysproducer@gmail.com

Name: _____

Email Address: _____

REQUIRED: Confirmation of Registration will be sent by EMAIL ONLY Email

Mailing Address: _____

Cell phone: _____

CONFIRMATION: I have read and understand the details, requirements and operation of the program on the website or through a Yorktown Stage email campaign. I understand that I will receive a confirmation after submitting this registration, which will repeat the details, requirements and restrictions of the program.

RELEASE STATEMENT: I hereby release the Executive Director and all employees of YORKTOWN STAGE from all claims of liability for any damages or injuries which may be sustained while I am at class, including illnesses sustained due to the Covid-19 virus.

REFUND POLICY: There will be no refunds and no credits for any person for any reason. Money will not be refunded for days missed due to dismissal or illness.

Signature _____ Date: _____