

NATIONAL EXECUTIVE COUNCIL



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**Young Yoga Institute (Founded 1975)
Founder – Winnie Young**

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APPLICATION FOR MEMBERSHIP

Name (Mr.Mrs.Ms.Miss)

Postal address :.....Postal code.....

Physical address:

.....

Telephone : Home no.Bus. No.Fax No.....

E-mail Address..... Cell No.

Age Group : 0-30: 31-40: 41-50: 51-60: 61-70: 70+:

Birth date : (month and day is sufficient)

How long have you been practising yoga?

Are you self-taught? Which School of Yoga do you follow?.....

Are you now: Teaching your own class? YYI pupil-teacher? A pupil?

If a pupil-teacher, who is your tutor?

If a pupil, who is your teacher?

By whom were you recommended?

Entrance fee: R 50.00

Annual subscription: R180.00

Total due: R230.00 Subscription year:.....

Banking details: Young Yoga Institute, ABSA , Bank Code: 632005, Account No. 9044935709

Please ensure that you include your full details with the deposit slip and fax them through to

Isabel Ferreira on 086 516 0802 or scan to the email address: treasurer@youngyogainstitute.co.za

Occupation:

Yoga History:

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Hobbies and Other Interests:

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Signature:

Tutor / Teacher's Signature:

Date:

(Please complete this form together with Liability Disclaimer and return to Isabel Ferreira see above).



YOUNG YOGA INSTITUTE **LIABILITY DISCLAIMER**

The YOUNG YOGA INSTITUTE does not provide liability insurance for the protection of individuals, groups, organizations, businesses, spectators or others who may participate in Yoga Classes, Workshops and Seminars.

In consideration for my participation in said Activity, the individual, group, organization, business, spectator or other (collectively "Participant"), does hereby release and forever discharge the YOUNG YOGA INSTITUTE and its affiliates and their respective instructors, representatives, members (collectively "Releasees"), jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss, death or injury, which hereafter may be sustained related to (i) my participation in the Activity, (ii) the negligence or other acts, whether directly connected to these activities or not, caused by any Releasee, or (iii) the conditions of the premises and/or the facilities where the Activity occurs, whether or not I am then participating in the Activity. I also agree that I, my assignees, heirs, executors, administrators, distributes, guardians, next of kin, spouse, legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

Warning and Acknowledgement of Risks: I am advised that my attendance at the Activity may result in injury or even death should I have uncontrolled health conditions. I am voluntarily attending the Activity with knowledge of the danger involved, and agree to assume any and all risks of bodily injury or death, whether those risks are known or unknown.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any local or territorial law or province providing substance that releases shall not extend to claims, demands, injuries, or damages which are known or unsuspected to exist at this time, to the person executing such release, are hereby expressly waived.

I hereby agree on behalf of my heirs, executors, administrators, distributes, guardians, next of kin, spouse, and legal representatives and assigns, to indemnify the releases, joint and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss, death or injury, which hereafter may be sustained by participating in the Activity.

It is further understood and agreed that said participation in the Activity is not to be construed as (i) an admission of any liability or (ii) an acceptance of assumption of responsibility by the Releasees, jointly and severally, for any damages, loss, death or expenses related to the Activity.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Releasees, and sign it of my own free will.

Signature

In an emergency, notify:

Emergency Contact

Emergency Number

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them. I understand by signing this form I may be waiving valuable legal rights.

All Participants must complete this Liability Disclaimer to be eligible to participate in the aforementioned activity which will be a blanket Liability Disclaimer for members of the Young Yoga Institute and include all Activities participated in from date of signature hereof to date of termination of membership.

Signature

Printed Name

Date

Address