

SUN CITY CENTER YOGA CLUB
Membership Application & Liability Form

This is required information.

Email:	
Name:	
Street Address:	
Emergency Contact Name:	
Emergency Contact Phone:	
CA/KP/FP #	
Phone #	

Membership: \$20 for the year Classes: \$10/month

LIABILITY STATEMENT

I either have the approval of my personal physician or accept full responsibility for any health problems. I participate in this activity at my own risk and will hold harmless the instructor and/or the Sun City Center Community Association of any liability resulting from it.

COMMUNITY ASSOCIATION MEDIA WAIVER

I grant permission to SCC Community Association to use my image (photographs and/or video) for use in media publications including video, email, brochures, newsletters, websites, etc.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

SIGNATURE: _____ **Date:** _____

Welcome to the SCC Yoga Club!

sccyogaclub.uplifterinc.com