

GOAT YOGA

Class Dates (Circle): 7/15 - 7/22 - 8/12 - 8/20

Time (Circle): 5:30p / 6:45p

Name: _____ Sex: Male Female

Address: _____ Town: _____ Zip: _____

Cell #: _____ Emergency #: _____

Email: _____

I, the undersigned, intend to be legally bound, waive, and release any and all rights and claims for damages I may have against the Incorporated Village of Patchogue and the Patchogue Village Parks & Recreation Department and their representatives for any and all injuries suffered in the Summer Recreation Programs. I am not aware of any physical condition which would impede my participation in or require special treatment in the above activity.

Signature: _____ Date _____

\$15 per class \$40 for all 4

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