

REGISTRATION FORM

East Coast- 25th Years of Laughter Yoga Anniversary Celebration

Day of Laughter Yoga

April 25, 2020

Event Location: Unitarian Universalist Church of Delaware County

145 W. Rose Tree Rd., Media, PA 19063 (Philadelphia Area)

Name _____

Address _____

e mail _____

phone number _____

Payment Info:

Early Bird \$52.00 (by March 1) No. of tickets _____ Total \$ _____

Regular Priced Tickets \$ 62.00 No. of tickets _____ Total \$ _____

Payment options:

Paypal cc or debit Payment, <https://www.paypal.com/paypalme2/laughteryogawalexa>

and e mail this registration form to alexafd@gmail.com

or send a **check** to Alexa Drubay, 728 Hemlock Rd. Media, PA 19063

plus your registration paperwork. Got questions? Call Alexa at 215 478 5669

Are you a Laughter Yoga Professional? yes CLYL_____ CLYT _____ CMT_____ No

_____ Laughter Club Member? Y/N New to Laughter Yoga? _____

Seeking Helpers! Are you interested in volunteering?

I can help with set-up _____, cleaning up after the event _____

other _____

Laughter Boutique. Do you have anything you want to sell? (We take no commission, although if you want to donate 10% to LY USA, that would be appreciated.)

Share! Do you have any personal LY experiences you would like to share in the Forum?

We would love to hear from you! Please send us a message with your ideas.



LAUGHTER YOGA USA

728 Hemlock Rd, Media, PA 19063

www.laughteryogausa.org

email: lyusaalexa@gmail.com

215 478 5669

Liability/Photo Release

Laughter yoga is a fun and healthy exercise regime with beneficial effects for the body, mind and emotions. Like any form of aerobic exercise, it should not be practiced by people with medical problems without first seeking advice from their medical practitioner.

Laughter yoga should not be considered as a substitute for proper medical consultation for physical, mental and psychological illnesses.

It may not be suitable for everyone. Laughing involves some physical strain and a rise in intra-abdominal pressure. It is contraindicated for people suffering from

- Advanced (bleeding) piles
- Any kind of hernia
- Any persistent cough
- Anything with acute symptoms
- Epilepsy
- Heart disease
- Untreated High blood pressure
- Incontinence of urine
- Major psychiatric disorders
- Severe backache
- Or having undergone surgery within the last 3 months

This list is for guidance only and is not meant to be exhaustive. If in doubt, first consult a trained medical professional for guidance. Anyone already undergoing physician-prescribed therapy should seek the advice of their doctor before reducing or stopping such treatment.

I am participating in Laughter Yoga sessions requiring physical exertion that may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved.

I am physically fit and I have no medical condition that would prevent my full participation in Laughter Yoga sessions, or if I have any medical problems or conditions I have fully revealed these to the Laughter Yoga leader before each session.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the sessions, and knowingly, voluntarily and expressly waive any claim I may have against the Unitarian Universalist Church of Delaware County, Dr. Kataria School of Laughter Yoga, Laughter Yoga International, Laughter Yoga with Alexa, their leaders, teachers, employees or assistants for injury or damages that I may sustain as a result my participation. I agree that I, my heirs or legal representatives forever release waive, discharge and covenant not to sue for any injury or death caused by their negligence or other acts.

I also grant permission for photos and videos taken during all the Laughter Yoga activities, which may be used for promotions by the organizers for Laughter Yoga USA.org. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Printed Name: _____

Signature of adult: _____

Date ____/____/____