



**SUN CITY WEST YOGA CLUB
Member Registration Form**

Annual Dues: \$10.00

Make check payable to **SCW YOGA CLUB**

Member Name _____

**Member Rec Card
Number** _____

SCW Address _____

Phone Number _____

The undersigned, as a Member of the Sun City West Yoga Club, by execution of this release, does hereby release, waive and discharge the Sun City West Yoga Club, instructors, and/or officers of the Sun City West Yoga Club, Recreation Centers of Sun City West, Arizona thereof, and any of their officers, employees, agents, representatives and successors and assigns from any and all liability for any damage, loss, injury, or death which may be sustained by, accrued to, or arise out of participation in an event sponsored by the Sun City West Yoga Club. This release and waiver shall be binding upon Member's heirs, executors, representatives, and assigns. Member recognizes that the activities of the Sun City West Yoga Club are physically demanding and that the advice of a competent physician should be sought and followed prior to entry or participation if there is any doubt as to Member's physical capabilities or condition.

New Member Renewing Member

Member Signature _____

Date _____



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