



Chinmaya Mission Ottawa

2019-2020 Study Session (Registration)

We wish to register for the Chinmaya classes. We assure regularity, punctuality and full participation. We will work with Chinmaya sevaks (instructors) to ensure all gain the maximum benefit from these classes.

Adult REGISTRANTS			
First and Last Name	email	Which adult class?	
		Intro	Advanced
Children/Youth REGISTRANTS			
First and Last Name	email (if applicable)	Grade	Age (yrs)
Full Home Address	Street		
	City	Postal Code	
Phone Numbers	Home:		
	Cell:		
Annual Registration Fee <small>Write check payable to Chinmaya Mission Ottawa <i>(*tax-receipt will be issued for the annual fees and donations)</i></small>	Annual Fees*:	\$200.00	
	Donation* <small>(We sincerely request your continued full support.)</small>	\$	
	TOTAL	\$	
Mailing address	Chinmaya Mission Ottawa 1088 Ogilvie Road, Ottawa ON K1J 7P8		
Questions and General Information	Shalini Sahni (613) 265-6021 Manisha Shah (613) 435-5865 Gita Parekh (613) 738-7466 Bina Sutarwala (613) 591-5961 Lakshmi Sadh (613) 834-6657 Pushpa Patnaik (613) 830-5282 E-mail: chinmaya.bharati.ottawa@gmail.com		

WAIVER AND RELEASE: I agree that if my dependent or I (heretofore known as "we") engage in any physical activity, class, or activity, or facility on the premises or any venue where we participate as a representative of the Chinmaya Mission Ottawa (CMO), we do so at our own risk. I agree that we are voluntarily

participating in activities and use of said facilities, premises (including the parking lot) and designated CMO venues. We assume all risk of injury, illness, damage, or loss to us or our personal property that might result, including, without limitation, any loss or theft of any personal property. I agree that this consent and assumption of risk statement covers each and every event or activity sponsored by CMO. I agree to release and discharge CMO (and its affiliates, employees, assistants, volunteers, agents, representatives, successors, and assigns) from any and all claims or cause of action (known or unknown) arising out of CMO activities. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability.

PHOTO RELEASE: Chinmaya Mission Ottawa (CMO) may include photos of students, teachers, and activities on its website and printed materials. I understand that these pictures will be accessible to anyone with internet access. I give my permission for CMO to use photos of my child/children on its website, on social media, in printed materials, and in electronic forms of communication. I understand that if I do not want images of my child to be used, I will indicate this in writing and the signed letter will be attached to this document.

MEDICAL RELEASE: I give my permission for the Chinmaya Mission Ottawa to transport, or call an ambulance, to take my child to a medical/dental facility, if necessary. In case of emergency, if none of the emergency contacts respond, I hereby give my consent for emergency medical care to be prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I accept full responsibility for all costs of said medical care and any emergency treatments. CMO will not be held responsible for the cost of any medical or dental care, or emergency treatments. I hereby waive all claims whatsoever in connection with such medical treatments.

DECLARATION: By hand or electronically signing below, I confirm that I have read the document in its entirety. I understand the document, have had an opportunity to ask questions, and agree to be bound by its terms.

I AGREE to all terms listed above (Signature or enter your primary email to sign):

Participant, Parent or Guardian's Signature

Date