



Welcome to Kula Seva. We are pleased to offer this exercise in community giving...

Because we want only your pure enjoyment of the festivities, know that although Kula Seva is open to practitioners of all levels, it involves a physically challenging practice. Everyone is welcome to participate, but be aware of your limitations and honor them by taking responsibility for your own well-being. Please stop and rest when necessary and please use modifications or props as needed, in order to gain the most benefit from the event. You should not do anything that is more than you can handle. Enjoy yourself! Your presence at the event is in itself a wonderful demonstration of support for the cause!

THANK YOU!

Please bring your own mat and towel. Other suggested items to bring are: blanket, pillows, props, straps

Contact Information	
Please print clearly in blue or black ink	confirmation and outline will be sent via email
Name: _____	Home Phone: _____
Address: _____	Cell Phone: _____
City, State, Zip _____	Email: _____
Emergency Contact: _____	Phone: _____
I heard of this event via: Flier ___ Print ad ___ Radio ___ TV ___ Email ___ Friend ___ Website ___	

Registration and Payment	Kula Seva	July 9, 2008	4-8pm
Your contribution is a tax deductible donation		Vernonia Cares Inc. Tax ID# 93-0901900	
Participatory Contribution \$35.00 ___ (prior to 7/5/08)	\$40.00 ___ (after 7/5/08)	\$45.00 ___ (at door)	
But, if able, donations exceeding this will be gladly received	Unable to attend? Donation only ___		
Make checks payable to: Vernonia Cares Inc.		Please note Kula Seva on the memo line of your check	
Please complete the registration form and mail it and your check to:			
Alethia HTI ATTN: Heather Lewis 847 Madison Ave Vernonia, Oregon 97064 For Questions Call 503 429-4677			

I acknowledge that participating in Kula Seva 08 will be an inherently strenuous activity and that no event is without risk. If necessary, I have consulted with my physician regarding my physical capability to participate in this event and I am following my physician's advice. I understand that the instructor and assistants are here to guide me through this incredible event, but it is my responsibility to not exceed my abilities. I hereby waive all claims against all Kula Seva 08 event coordinators, sponsors, volunteers and participants for any injury or physical conditions I may suffer as a result of participation in this event. I understand that this is a public event and that photographs and video will be taken. By signing below I accept full responsibility for my own health and well-being and authorize the use of my image.

Participant Signature x _____