**REGISTRATION FORM**

**Yoga and Mantra Meditation holidays in Sardinia 2023**

**To secure your place,** **please fill this form digitally and send by email to info@mantrayogacentre.com**

**Choose your holidays date:**

****1st-8th July SHAKTI WAVES

****8th-15th July PLANET'S VIBRATIONS

**Application Information**

First Name ………………………………………………………Last Name ……………………………………………………..

Address …………………………………………………………………………………..City………………………………………..

State / Province ……………………………………………………………………Country …………………………………..

Postal code / Zip Code ………………………………………………………………

Phone (Mobile)……………………………………………………….. Phone (Home) …………………………………………..

Email address ………………………………………………………………

Birth Date (DD/MM/YYYY) ………………………………………………………………

How did you learn about this retreat? (Facebook / Friend / Google / others) ……………………………………………………………………………………………………………………………….

**Emergency Contact**

Name……………………………….…………. Phone …………………………………..Relationship ……………………………………………

**Do you follow an specific diet? If yes, which one? …………………………………………………………..**

Do you have any food allergies, dietary limitations or needs? Please list them in details.

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**Yoga Experience :** How long have you been practicing Yoga?

****Not at all ****Six months to one year ****More than one year

 ****If more than one year: How many years? …………………………….

**Release Form**

I understand that I am solely responsible for my health and safety, and will not hold Federica Gorni responsible for any loss, injuries, or illness that may occur. I will consider the interests of the group, but know that I may participate in as many or as few of the activities as I like.

By providing my signature below, I confirm I have read and understood the statements below and the information provided above is true and correct to the best of my knowledge.

**** I understand that I must be mindful of my own limitations with respect to yoga and meditation

****I understand, as with all forms of exercise, the effects of yoga may not be noticeable immediately and that results are not guaranteed.

**** I recognize that yoga may involve physical exertion

**** I acknowledge it is my responsibility to inform the instructor when I begin a class of any injury or other condition that might affect my ability to participate and to inform the instructor immediately if any injury occurs during class

****During a class if at any time I feel that instructions or class activities present any risk of injury to me, or if I feel tired or otherwise unable to perform class activities I will inform the instructor and refrain from activities in question

**** I understand it is my responsibility to consult with a physician prior to and regarding my participation in yoga and meditation

**** I grant Federica Gorni and Mantra Yoga Centre representatives the right to take photographs of me and my property in connection with the above-identified subject. I authorize Mantra Yoga Centre, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Mantra Yoga Centre may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights against Federica Gorni and Mantra Yoga Centre.

 I understand if I wish to cancel my reservation, it must be done via email and the cancellation will be effective as of the date Mantra Yoga Centre receives it. The deposit is non refundable and any refund is subject to the cancelation policy.

I have signed this Agreement freely, voluntarily, under no duress.

My signature below is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law.

I am 18 year of age or older and mentally competent to enter into this waiver.

**Date………………………………………………. Signature …………………………………………………………………………….**

**APPLICATION FOR ADMISSION TO MEMBER** of the Para Tan Centre Association

**DOMANDA DI AMMISSIONE A SOCIO dell’ Associazione Para Tan Centre**

Address: via treviso 9/a 40139 Bologna

Il/la Sottoscritto/a /The undersigned nome/name………………………………….…………………cognome/surname………………..……………………………………

Nato/a a/ born in .………………………………………..……. Provincia /Province ………………..…….

Paese/ Country…………………………………………………………il/ on (date DD/MM/YYYY)………………………………

residente in via/address ………….…………………………………………………………….…………… N. ……………………

C.A.P./ZIP code ……….……………, Comune/Municipality …………………………….…………..…………………………

Provincia/Province ………………paese/ Country…………………………………………………………

telefono abitazione e/o cellulare home and / or mobile phone number …………………… ……

e-mail……………………………………

**Chiede**

di essere ammesso quale socio della **“Associazione Sportiva Dilettantistica Para Tan Centre”**, per lo svolgimento e il raggiungimento degli scopi primari della stessa, attenendosi allo statuto sociale ed alle deliberazioni degli organi sociali, ed impegnandosi a corrispondere la quota sociale fissata annualmente dal Consiglio Direttivo. Dichiara, altresì, di aver preso visione dello statuto e di accettarlo integralmente.

**Asks** to be admitted as a member of the “Para Tan Centre Amateur Sports Association”, for the performance and achievement of its primary purposes, adhering to the social statute and to the resolutions of the social bodies, and undertaking to pay the social fee set annually by the Board of Directors. He also declares that he has read the statute and accepts it in full.

 *Firma* /Signature

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In relazione all’informativa fornita ai sensi dell’art. 13 del Regolamento UE/2016/679 GDPR, si prende ulteriormente atto che con la sottoscrizione del presente modulo **i dati verranno trattati dagli incaricati dell’Associazione per il raggiungimento delle finalità sociali.** In particolare si presta il consenso al trattamento dei dati necessario all’espletamento di tutte le attività strumentali alla realizzazione delle **finalità istituzionali** dell’Associazione, nella misura necessaria all’adempimento di obblighi previsti dalla legge, dalle norme statutarie e dalle norme delle Federazioni o Enti di promozione a cui siamo/saremo affiliati. Si specifica che, qualora si negasse il consenso al trattamento o alla trasmissione dei dati di cui sopra per le finalità di tipo istituzionale, l’Associazione si troverà costretta a non dar seguito alla richiesta di ammissione a socio.

In relation to the information provided pursuant to art. 13 of EU Regulation / 2016/679 GDPR, it is further noted that with the signing of this form, the data will be processed by those in charge of the Association for achieving social purposes. In particular, consent is given to process data necessary for carrying out all activities instrumental to achieving institutional purposes of Association, as necessary for compliance with obligations required by law, statutory rules and rules of Federations or Promotion Bodies we are / will be affiliated with. It is specified that, if consent is denied for processing or transmission data referred to above for institutional purposes, Association will be forced not to follow up on request for admission as a member.

*Firma* /Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acconsento al trattamento ed alla pubblicazione, **per i soli fini istituzionali**, di fotografie ed immagini atte a rivelare l’identità del sottoscritto sul sito web e/o social network dell’associazione, sulla newsletter della medesima ed in apposite bacheche affisse nei locali della Associazione.

I consent to the processing and publication, for institutional purposes only, of photographs and images intended to reveal the identity of the undersigned on the website and / or social network of the association, on the newsletter of the same and in special bulletin boards posted in the premises of Association.

 🞏 Nego il consenso/I deny consent 🞏 Presto il consenso/ I give consent

 *Firma*/Signature

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