

"Wake Your Warrior" Group Yoga



Take this opportunity to benefit yourself and the future of oncology nursing! This one-hour yoga session will offer body and mind renewal to help you learn to be present in the days ahead and in the future moments with your patients. The ONS Foundation "Wake Your Warrior" Group Yoga sponsored by Pfizer Oncology will benefit the Ann Olson Memorial Scholarship Fund. The event is held to honor the memory of Ann Olson, which supports oncology nurses in pursuing new knowledge through higher education.

Your \$30 pre-event registration includes a yoga mat, towel, and refreshments. The on-site registration fee is \$35.
Space is limited, so be sure to sign up early!

Registration Form

ONS Foundation/Pfizer Oncology "Wake Your Warrior" Yoga Session
benefiting the Ann Olson Memorial Scholarship Fund
May 6, 2017 – 6:30 am

(please print below)

First Name _____ Last Name _____

Address: _____

Phone: _____ Email: _____

Event Fee (\$30): _____

I am unable to participate, but would like to make a donation in the amount of \$_____.

Skill level:

Beginner Intermediate Advanced

IMPORTANT - You must complete and sign the Event Waiver (on back) to participate.

On-site entries will be accepted at the Pfizer Oncology exhibit booth at Congress for a cost of \$35.

Payment enclosed for "Wake Your Warrior" yoga session of \$30
or ONS Foundation donation

- Check
 Visa Mastercard American Express Discover

Credit Card # _____

Exp. _____ CVV# _____

Signature _____

Phone _____

Please make check payable to the ONS Foundation
125 Enterprise Drive, Pittsburgh, PA 15275-1214
Phone: 866-257-4ONS (4667) - (option #4 on menu) • Fax: 412-859-6163



Wake Your Warrior
A GROUP YOGA EVENT

Sponsored by Pfizer Oncology



Yoga Waiver & Release Form

Name: _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against ONS, ONS Foundation, affiliated companies, officers, directors, partners, members, agents, employees, volunteers, instructors, coaches, sponsors, venue and property owners to where the event is taking place; with respect to any liability, claim(s), demand(s), cause(s) of action, damages, loss or expense of any kind or nature which may arise from, or relate in any way to my participation in this event.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law.

Signature:

Date:
