Print all information legibly

First Name ________________________ MI ____________ Last Name ________________________________

Address____________________________________________________________________________________

City _________________________________________ State ________ Zip _____________________________

Day time Phone # ______________    E-Mail Address _______________________________

(Confirmation of acceptance into class will be by e-mail notification)

☐ MBSR Evening Class & Retreat

Thursdays, February 19 – April 9 (6:30 – 8:30 pm)
1202 Bristol Street, #200, Costa Mesa

☐ MBSR Day Class & Retreat

Thursdays, March 28 – May 14 (10:00 am – Noon)
Location: 27001 La Paz Road #403, Mission Viejo

Fee: $395, workbook and audio included
15% UCI Faculty/Staff or Well-being Members
Entrant UCI Employee ID Number: ________________
* To be eligible for the discount, employee ID number is required at time of registration
** For Well-being Members, enter ‘WBC’ in the Employee ID line

Method of Payment:
☐ Check (payable to: UC Regents)
Or provide Credit Card information ☐ VISA ☐ MC ☐ AMEX
(NOTE: credit card charges will show on your credit card statement as “Central Cashier CCCS”)

Card Holder’s Name: _______________________________________________________________________

Card #_______________________________________________ Exp. Date_______________________________

Signature__________________________________________ Date______________________________________

FORM SUBMISSION:
Fax: (949) 824-2812
Mail: Susan Samuel Center for Integrative Medicine
      1034 Hewitt Hall
      Irvine, CA 92697-5850

QUESTIONS?
Send an email to sscim@uci.edu
or call (949) 824-5763

To be enrolled in class, you must have all three forms submitted: Registration form, payment, and signed waiver form.
Refund Policy: Final refund date for course is the start of the second class meeting. All refunds are subject to a $20.00 non-refundable processing fee per course except when courses are canceled.
Mindfulness-Based Stress Reduction Class

Waiver Form

*Participant’s Name __________________________________________________________________________

*Day Time Phone __________________________ *E-mail __________________________________________

Please print legibly

☐ MBSR Evening Class & Retreat
Thursdays, February 19 – April 9
Costa Mesa

☐ MBSR Morning Classes & Retreat
Thursdays, March 28 – May 14
Mission Viejo

* Asterisks denotes required field

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in UC Irvine, Susan Samueli Center for Integrative Medicine, including but not limited to participating in the Mindful Based Stress Reduction classes between February - May, 2015 at the Samueli Center and all other Drop-in Activities, hereinafter called “The Activity”, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_______________________________________           _________________________________________
Signature of Parent/Guardian of Minor    Date             *Signature of Participant        Date
Participants Age (if minor) ____________                (REQUIRED)

*Incomplete waiver form will delay your enrollment / participation in the class.