



REGISTRATION & WAIVER FORM

Child's Name _____ Age _____ DOB _____

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Emergency Contact Name and Number

Please list all known allergies, physical limitations, and/or concerns: (as we may use pure essential oils, please advise of sensitivities)

Liability Disclaimer & Notices: (please read carefully)

I individually and as parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to YOGA CHILD, LLC the following release from liability:

A. I acknowledge and fully understand that I, or my child, will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless YOGA CHILD, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in the YOGA CHILD program.

B. I agree / disagree (circle one) to give YOGA CHILD permission to use photographs of myself or my child for any YOGA CHILD promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Parent/Guardian Name

Parent/Guardian Signature

Date