



# Reveal Yoga LLC

## Student Registration Form

Welcome to Reveal Yoga. Please complete the following registration form to assist in optimally serving your yoga interests and needs. Thank you.

Name of Child Participant \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Child Age/DOB \_\_\_\_\_

Best Phone to Reach You \_\_\_\_\_  Cell  Home  Work

Physical Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE READ & SIGN** | *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 child participant experiences any pain or discomfort, they will listen to their body and discontinue the activity. 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 child participant's 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 child is pregnant, becomes pregnant or is post-natal or post-surgical, my signature verifies that I have a physician's approval for child participant to participate. I also affirm that I alone am responsible to decide whether to have child participant 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 Reveal Yoga LLC its instructors.*

*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 in the State of New Hampshire.*

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_