

SECTION I: PERSONAL INFORMATION

Participant Name : _____

Participant age: _____ Participant grade: _____

Address: _____ City: _____

State _____ Postal Code: _____

Primary Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Names of People Allowed to Pick Up Child: _____

SECTION II: RISK ASSESSMENT

Participant Allergies: _____

Details of Allergy: _____

Health Conditions: _____

Current Injuries/Concerns: _____

Are you currently taking any medication(s) _____

SECTION III: WAIVER

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 With A Twist 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 With A Twist LLC , 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 With A Twist LLC yoga and art program.

B. I agree / disagree to give Yoga With a Twist LLC permission to use photographs of my child for any Yoga With A Twist LLC promotional materials or online website. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Parent /Guardian signature:
