



REGISTRATION AND LIABILITY FORM

Parent/Guardian Full Name: _____

Child's Full Name: _____ Boy/Girl: _____

Birthday: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact #: _____

Doctor's Name: _____ Doctor's #: _____

School Name: _____

Known Allergies/Physical Limitations/Concerns/Goals: _____

How did you hear about us? _____

Release from Liability and Negligence

I, individually, and also as parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Yoga Rocks™, LLC the following release from liability and negligence:

Liability release: I acknowledge and fully understand that I and/or my child will be engaging in physical activities that may involve risk of injury. I acknowledge that I have been advised 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 and/or my child's participation in this yoga program. I assume the foregoing risks and accept personal responsibility for any and all personal injury sustained by my child and/or myself and discharge and hold harmless Yoga Rocks™, LLC, its owners, directors, members, officers, teachers, employees, and agents from any claim, cause of action or liability for damages arising from any injury to my child's person, my person, or other persons or property caused by my or my child's participation in the Yoga Rocks™ program including the negligence of Yoga Rocks™, LLC.

In the event that I/or my child become ill or injured during or as a result of participation in the class, I hereby allow Yoga Rocks™, LLC, to arrange for such emergency medical attention as they in their sole judgment may deem to be required to preserve my life and/or my child's life and/or health. I hereby release, discharge, and hold harmless Yoga Rocks™, LLC, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my property arising in connection with or as a result of such emergency medical treatment.

Photograph Release: I have been informed and agree to following: that photographs may be taken of my participation and/or the participation of any minor of whom I am guardian, in the Yoga Rocks™ Programs and classes. I hereby grant Yoga Rocks™, LLC, the right to use such photographs, and/or parts of photographs in its promotional materials, without any compensation being paid me on my own behalf, or on behalf of any minor of whom I am guardian. Further, such usage may be a part of any media either now extant, or developed in the future, and such usage may be engaged in without any further permission being given Yoga Rocks™, LLC. It is understood that no personal names shall be associated with the images used.

Refunds and Make-up Classes: Prorated refunds will be given if cancellation is made in writing before the second attended class of the series. I understand and agree, that I will not receive any refund or credit for missed classes. Only two (2) make-up classes are permitted and are limited to the series of classes in which I and/or my child is currently enrolled. All class series/cards are non-refundable and non-transferable.

Parent/Guardian Signature: _____ Date: _____