

Little Meadow Family Yoga Registration and Waiver Form

Today's Date _____

Full Name _____

If Minor: Parent/Guardian/

Name _____

Address _____

City _____ State _____ ZipCode _____

Mobile _____ Home Phone _____ Work _____

Email _____ Emergency Contact _____

Doctor's Name and Number _____

Please list all known allergies, physical limitations, concerns and goals. _____

How did you hear about us? _____

Class Attending _____ Package _____ Drop-in _____

Liability Disclaimer & Notice read carefully.

I individually and or, as a parent or guardian of the minor child identified above hereby acknowledge the following notices and grant to Little Meadow Family Yoga, operated by Karma Child Yoga LLC.

- 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 me or my child's participation.**
- B. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by myself and my child which might incur as a result of participating in this program and discharge and hold harmless Karma Child Yoga LLC, operating as Little Meadow Family Yoga, 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 Little Meadow Family Yoga, operated by Karma Child Yoga LLC.**
- C. I agree/disagree to give Karma Child Yoga/Little Meadow Family Yoga permission to use photographs of myself or my child for any promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.**

Parent/Guardian Signature _____