



Pause, Breath, Smile, Repeat

# New Yogi Enrollment Form

(All information given in this sheet will be treated as confidential)

## New Yogi Information

Child's name:	Nickname:
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## Your Child's Medical Information

Please list any known allergies, issues, or concerns we might need to know about:

## Liability Disclaimer & Notices: please read carefully

- A. I individually, and as parent and/or guardian of the minor child identified above, hereby acknowledge the following notices and grant to Love the Soul Yoga the following release from liability: A. I acknowledge and fully understand that Love the Soul Yoga takes all reasonable care to ensure that its classes are fun and safe; however, I 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 child's physician with respect to any past or present injury, illness, health problem, or any other condition or medication that may affect 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 Love the Soul Yoga, its owner, director, 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 Love the Soul Yoga program. **Please initial** \_\_\_\_\_
- B. I agree to give Love the Soul Yoga permission to use photographs of my child for any Love the Soul Yoga promotional materials or social media posts. I understand that my child will not be identified by name, and no compensation will be extended for such use. **Please initial** \_\_\_\_\_

## Parent/Guardian Sign

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