



EVOLUTION
PRENATAL + FAMILY
YOGA CENTER

CHILDREN'S YOGA REGISTRATION & LIABILITY FORM

Parent/Guardian Name: _____ Date: _____

Child's Full Name: _____ B-Day & Age: _____

Address: _____
Street City Zip

Phone (cell): _____ (work): _____

Email: _____

Emergency Contact and Number: _____

Please list any applicable allergies, physical limitations, concerns or goals:

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 my child's instructor and Evolution Prenatal and Family Yoga Center the following release from liability:

A. I acknowledge and fully understand that my child will be engaging in physical activities.. 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 Evolution Prenatal and Family Yoga Center 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 yoga class.

B. I DO or DO NOT (circle one) allow Evolution Prenatal and Family Yoga Center permission to use photographs of my child for any yoga promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Printed Name _____

Parent /Guardian Signature _____ Date: _____