



## LIABILITY WAIVER & Registration

I hereby agree to the following:

1. My child: \_\_\_\_\_ has permission to attend a yoga class at Holistic Drama LLC.

2. My child is participating in classes during which she/he will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in any physical fitness program, including yoga. I represent and warrant that my child has no medical condition that would prevent her/his participation in physical fitness activities.

3. In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which my child might incur as a result of participating in the program. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that my child may sustain as a result of participating in classes or workshops held at Holistic Drama LLC

I have read the above release and waiver of liability and fully understand its contents.  
I voluntarily agree to the terms and conditions stated above

Parent's or Guardian's Name \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_ and Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's or Guardian's Phone Number \_\_\_\_\_

Please list any medical concerns that the facilitator should be aware of:

\_\_\_\_\_

Emergency Contact: (Name, relation, phone number)

\_\_\_\_\_



Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Grade \_\_\_\_\_

Parent's or Guardian's Email Address: \_\_\_\_\_

Check the appropriate boxes:

1) The parent/guardian consents to receiving e-mail communication referring to the programs conducted by Holistic Drama LLC. and its partners. ☐

2) The parent/guardian consents to the child and their artistic products created during their time spent at Holistic Drama, products like: drawings, collages or sand trays, being documented and archived by Holistic Drama LLC via photo or video means. And the usage of these images on the Holistic Drama web page and other advertising materials.

Yes I agree ☐

Yes I agree, however I do not want the face of my child to appear on the internet page or advertising materials ☐

How did you hear about this class?

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