

KIDS AND TODDLERS YOGA REGISTRATION FORM

• Pure Skys • Yoga & Wellness •pureskys@outlook.com

•<http://www.pure-skys.com>

Today's Date: _____

Child's Full Name: _____

Age: _____ Date of Birth: _____

Parent/Guardian's Full Name: _____

Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency contact and number: _____

Please list all known allergies, physical condition and limitations, concerns, goals and anything else that we should know about your child:

How did you hear about us? _____

LIABILITY DISCLAIMER AND NOTICES: PLEASE READ CAREFULLY

I individually and as a parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Pure Skys the following release from liability:

A. I acknowledge and fully understand that I, or my child, will be engaging in physical activity that may involve some risk or 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 assume full personal responsibility for any personal injuries, sustained by me or my child, which might incur as a result of participating in this program, and discharge and hold harmless Pure Skys, its owner, 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 Kids Yoga or Toddlers Yoga at Pure Skys.

B. I AGREE / DISAGREE to give Pure Skys permission to use photographs of myself or my child for any Healing Path Massage Therapy promotional materials. I understand that my child will never be identified by name, nor will any compensation be extended for such use.

Parent/Guardian Signature:
