



Registration and Waiver

Student Name _____ Age _____ M ___ F ___

Name of Parent/Guardian _____

Address _____ City: _____ Zip code _____

Email _____

Phone _____ Cell Phone _____ Work Phone _____

What are you are your child's expectations for the class?

Does your child have any previous injuries, surgeries or medical conditions or allergies that we need to know about?

I, the parent or legal guardian of the below named student, a minor, understand that my child will be participating in a yoga class or classes at Be One Yoga, LLC during which he/she will receive instruction on yoga and actively participate in yoga and related exercise. I understand that yoga requires physical movement and bodily exertion which may result in an accident of physical injury. In consideration of being permitted to participate in Be One Yoga, LLC classes, I, for myself and the student and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Be One Yoga, LLC, the owners, and the instructors from and against all claims liabilities, damages or causes of action arising out of or in connection with my child's participation in the classes, without limitation.

Student: _____

Print Parent's Name _____

Parent Signature

Date

Permission for Photography

Occasionally we like to take photos during class. These may be used to prepare small gifts for the children to take home and/or to be used by Be One Kids marketing on our website or brochures. These pictures will never be used without review and permission of the parent/guardian.

I _____ allow Be One Yoga to take pictures of my child to be used for the following (please check one, both or leave blank):

_____ For internal use only (between student, parent or internal studio use)

_____ For any advertisement/ marketing use on Be One Yoga website, flyers, or brochures