

REGISTRATION FORM

Student/Parent's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Child(ren)'s Name \_\_\_\_\_ Due Date/Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Yoga experience & Physical limitations \_\_\_\_\_

How did you hear about class? \_\_\_\_\_

*If minimum registration is not met, class start date may be delayed or class may not run. Every attempt will be made to ensure that registrants will have a class to attend. Refunds are only available if a class does not run or with Michelle Kennedy's permission and in unique situations. Make-ups are not available unless arrangements are made in advance of course start date or under exceptional circumstances with Michelle Kennedy's permission.*

**STUDENT LIABILITY WAIVER AGREEMENT**

I \_\_\_\_\_ {print name} understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I will continue to breathe smoothly. I assume full responsibility for myself and my child(ren) [listed above] for any and all damages, which may incur through participation.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified my good health and physical condition to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class. If I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have full my physician's approval to participate. I also affirm that I alone am responsible to decide whether to practice yoga and participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Michelle Kennedy.

I understand that photographs might be taken for educational, marketing and promotional reasons. I agree to allow such photographs to be taken and utilized in this manner.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of New York.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

Cycle/Session	Dates	For Office Use		
		Group #	Referrals	Attendance