

STORYOGA



Storyoga Inc.

GODDESS GIRLS YOGA & MEDITATION CLASS
REGISTRATION AND WAIVER

STUDENT INFO

Name: _____ Age: _____ Birth date: _____

CONTACT INFO

Parent/Guardian Name: _____

Phone: _____ Alt: _____

Address: _____

Email: _____

EMERGENCY CONTACT

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

Please list any health conditions, injuries or allergies that we should be aware of:

Is there anything specifically that you would like to receive from this class?

PAYMENT METHOD: Cash *Cheque E-transfer Visa M/C

* Please make cheque payable to Storyoga Inc. for the amount of \$189 (\$180 + gst)

PHOTO RELEASE:

Students may be photographed during our time together and these photographs may appear in Storyoga Inc. promotional materials unless otherwise specified. No person whose photograph is used will be identified by name, nor will any compensation be extended for such use. I understand the above terms and agree to providing photo release.

child's name

parent signature

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I hereby agree to the following:

My daughter has permission to attend the Goddess Girls Yoga & Meditation Classes offered by Storyoga Inc., instructed by Vanessa Braun (the Instructor).

My daughter is participating in classes or services during the 12 week session where she will receive information and instruction about yoga and health. I recognize that such classes/services require 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 daughter's participation in any physical fitness program, including yoga. I represent and warrant that my daughter has no medical condition that would prevent her participation in the class or any physical fitness activities.

In consideration of being permitted to participate in this class, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which my daughter might incur as a result of participating in the class. In further consideration of being permitted to participate in the class, I knowingly, voluntarily, and expressly irrevocably and unconditionally release, discharge, and waive any claim I may have against Storyoga Inc., the Instructor, the owner, or the leaseholder of the building and their respective agents, consultants, advisors, successors, and assigns for any and all injuries or damages that my daughter may sustain as a result of participating in these classes led by the Instructor through Storyoga Inc.

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.

child's name

parent/guardian name

date

parent/guardian signature