

Family Yoga Registration Form

Adult and Child Ages 2-5

Sept. 23rd thru Oct. 21st
Thursdays
9:15-10:00am

OR

Sept. 25rd thru Oct. 23rd
Saturdays
11:45-12:30pm

Circle One

Date: _____

Parents Name: _____ Name of Child: _____ Age of Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

Emergency Contact: _____ Phone #: _____

Is the child new to yoga? YES NO

To help us provide you and your child with proper guidance, please list any concerns or limitations that may affect you and/or your child's yoga practice _____

Please read the following AGREEMENT OF RELEASE and WAIVER OF LIABILITY carefully before signing:

I understand and acknowledge that in yoga, as in other forms of exercise, sports, bodywork, or self-development, there exist certain inherent risks. I voluntarily participate in the yoga instruction taught at Yogave' and agree to assume full responsibility for all risks, injuries or damages known or unknown, which might occur as a result of participating in the yoga program offered.

I understand that it is my responsibility to consult with my health care practitioner prior to and regarding myself and my child's participation in yoga classes, workshops or other programs offered at Yogave'. By signing below I release Yogave', it's owner and instructors, other students and individual substitute teachers from liability, and hold them harmless for any injury to my person, and damage to my property while on the premises at 170 US Route One, Suite 130, Falmouth, Maine 04105, whether caused in or out of class, by negligence or otherwise. I know that yoga requires alignment of the body and that yoga teachers often adjust students to help them get the poses more accurately. By signing below I consent to such touch and adjustment.

I realize that just as students choose their teachers, teachers choose their students, and that some teachers may choose not to accept me as a student and I agree to abide by the teacher's choice in the matter.

I acknowledge and accept that all class fees, once paid, are non-refundable.

Signature _____

Date _____

Signed form must be received by Sept. 22nd for either session at Yogave' with the \$60.00 registration fee paid in full to be accepted. Registration form may be mailed to Yogave', Suite 130, 170 U.S. Route One, Falmouth, Maine 04105.