

High Desert Yoga Class Enrollment Form

Child's Name: _____

Address: _____

Phone: _____ Parent/caregiver Cell: _____

Email Address: _____

Parent/Guardian name: _____

Person authorized to pick up after yoga class: _____

Enrollment for: _____

Session: _____

Comments or Concerns: _____

Agreement of Release and Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in the Yoga Classes, Health Programs or Workshops offered by High Desert Yoga during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Health Programs or Workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the Yoga Classes, Health Programs or Workshops.
3. In consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In further consideration of being permitted to participate in Yoga Classes, Health Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against High Desert Yoga for injury or damages that I may sustain as a result of participating in the program.
5. I, my heirs or legal representatives forever release waive, discharge and covenant not to sue High Desert Yoga for any injury or death caused by their negligence or other acts.

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.

DATE _____ SIGNATURE OF PARTICIPATE: _____

If participant is under 18: AS LEGAL GUARDIAN OF _____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

DATE _____ SIGNATURE OF PARENTS/GUARDIAN _____