



ready steady yoga registration form

Child's Full Name: _____

Date of Birth: _____ Age: _____

Parent's Name _____

Address: _____

Telephone: Home: _____

Mobile: _____

Email: _____

In the case of an emergency please provide a second guardian's details:

Is this your Child's first course of yoga classes? Yes: No:
If No please state when and where they did the course before.

Known allergies/physical limitations/concerns: _____

How did you hear about us? _____

Liability Disclaimer & Notice

I individually and as parent and or/guardian of the child identified above hereby acknowledge the following notice and grant to Nikkie Huddart the following:

Liability Release: think yoga takes all reasonable care in ensuring that its programmes are safe and fun. However, I agree that my child will be engaging in physical activities that may involve some risk of injury. I acknowledge I have been advised to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation in the ready steady yoga programme.

I assume the above risks and accept responsibility for any injury sustained by my child and discharge and hold harmless Think Yoga including its teachers and its suppliers from any liability arising from any injury to my child or other persons or property caused by my child's participation in the ready steady yoga programme If that injury is caused either by my or my child's own fault, or by a third party unconnected with Think Yoga's provision of services, or by events which Think Yoga its owners, officers and personnel including its teachers and its suppliers could not have foreseen or prevented even if they had taken all reasonable care.