



## New student Information Form and Liability release

Yoga Play for Kids at the Sunflower Centre

Child's name (print) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address \_\_\_\_\_

Post code: \_\_\_\_\_

Parent's/Legal Guardian's Name \_\_\_\_\_

Contact details:

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact 1:

Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Mobile: \_\_\_\_\_

Emergency Contact 2:

Name: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Mobile: \_\_\_\_\_

### Information about my child:

#### Allergies or medical conditions:

*Please note, I occasionally diffuse essential oils like lavender and wild orange. Please let me know if your child would be allergic to these diffusions.*

#### Any other information you would like me to know:

*Should any information change, particularly contact numbers, please let me know asap.*

## Liability Release

In exchange for permission for me and/or my child to participate in Yoga Play for Kids classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Emanuela Brahamsha and Yoga Play for Children, its officer, directors, employees, agents landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or others' property, arising out of or in connection with, or caused, in any manner by my participation or my child's participation in the Yoga Play for Kids programme or classes.

I acknowledge I hereby have been advised to consult, and have consulted with, my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the Yoga Play for Kids programme and classes.

In the event that I and/or my child becomes ill or injured during or as a result of the participation in Yoga Play for Kids programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/or health and/or life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Signed \_\_\_\_\_

Date \_\_\_\_\_