

Child/Teen Information Form - Use for All Minors

Please complete ALL sections with the Child/Teen's information unless indicated.

Name:	Male	Female					
Address:							
City:	Postal Code:						
Phone:							
Email (parent/guardian's email, please):							
Check here to receive our studio newsletter (1-2x/month) and occasional notification of special events, workshops or studio rate specials. * You may unsubscribe at any time.							
ate of Birth:School and Grade:							
Contact Person in Event of Emergency:							
Relationship to Student: Contact Person Cell Phone #:							
Contact Person Work Phone #:	Contact Person Home Phone #:						
I agree to give The Yoga Loft permission to use photo or video of myself or my child for educational and promotional purposes. I understand that my child will not be identified by name, nor will compensation be extended for such use.							
Agree Yes No Parent/Guardian Signature							
Special Information Please make note of any allergy or medical conditions and any other information that will help me with class planning and keeping your child safe and happy.							

THE YOGA LOFT

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

For Students under the Age of Majority in the Province in which the Yoga Activities are Provided by the Yoga Teacher

Please note: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. PLEASE READ IT CAREFULLY.

Every Parent/Guardian Must Read and Understand this Waiver Prior to the Student Participating in Yoga Activities.

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the undersigned Child/Teen/Student (the "Student") with and for the benefit of the Yoga Studio/teacher.

	Initial Each Item after Reading and Understanding Each Item:						
	1.	I am the Parent/Guardian of the Student as with the intent that this waiver be binding			capacity as Parent/Guardian and		
	2.	"Yoga Activities" includes but is not limit by the Yoga Teacher.	not limited to lessons, classes, training, use of facilities, programs and services provided to the Student				
	3.	I am aware that there are inherent and sign Activities. I am aware that the Risks inclued equipment, performing a skill incorrectly, understand that the Risks are relative to the care and skill with which the student cond	nde but are not limited to injury from potentially dangerous obstacles e Student's state of fitness or heal	om physical contact with s, conditions on the floor th (physical, mental and	other students, instructors or or vicinity of the Yoga Activities. I		
	4.	I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from the Student's participation in Yoga Activities. I agree that although the Yoga Teacher has taken steps to reduce the Risks and increase the safety of the Yoga Activities, it is not possible for the Yoga Teacher to make the Yoga Activities completely safe. I accept these Risks and agree to the terms of this waiver even if the Yoga Teacher is found to be negligent or in breach of any duty of care or any obligation to the Student in the Student's participation in Yoga Activities.					
	5.	I acknowledge the Student's obligation to inform the Yoga Teacher if the Student feels any pain, discomfort, fatigue or any other symptoms the Student may suffer during or immediately after his or her participation in Yoga Activities. I understand that the Student may stop participating at any time, and has the right to immediately withdraw from any exercise or drill in which the conduct of any party seems beyond the scope of training, makes the Student uncomfortable or which the Student believes will be harmful to him or her.					
	6.	In addition to consideration given to the Yoga Teacher for the Student's participation in Yoga Activities, I and my heirs, next of kin, executors, administrators and assigns, as well as the Student's heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree: (a) to waive all claims that I, the Student or our Legal Representatives have or may have in the future against the Yoga Teacher; and to release and forever discharge the Yoga Teacher from all liability for all personal injury, death, property damage or loss resulting from the Student's participation in Yoga Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the Yoga Teacher.					
	7.	7. I agree to be liable for and to hold harmless and indemnify the Yoga Teacher from all actions, proceedings, claims, damages, costs demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Student's participation in Yoga Activities.					
	8. I agree that this waiver and all terms contained within are governed by the laws of the Province or Territory in which the Student is participating in Yoga Activities. I hereby irrevocably submit to the jurisdiction of the courts of that Province or Territory.						
	 I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety, and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself, the Student and our Legal Representatives. Please Print Clearly: Student Name: 						
	Parer	nt/Guardian Address:	City:	Province	_ Postal Code		
	Parent/Guardian Name Parent/Guard		Parent/Guardian Signa	ture			
	Witness Name Witness Signature				WAR		
	Signe	ed this day of	, 20		Y0GA LOFT		