Name of child:

Age: Gender:

Date of Birth:

Parent:

Email address:

Contact Number:

Pre-existing Injuries or medical conditions including food intolerances:

I understand that yoga includes physical movements as well as opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling is always present and cannot be entirely eliminated.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am able to decide whether my child is fit to practice yoga. I also understand that supportive and encouraging touch, massage and partner and group interaction is an integral part of this class.

I hereby agree to irrevocably release and waive any claims that I/and or my child/children now or hereafter, may have against Angela Tonkin, Be HAPPY Yoga.

Children may be photographed or videoed and used in a variety of media for the purpose of celebrating their successes, sharing knowledge for educational purposes or to promote activities within the business. We understand the need for parental permission and no photograph will be knowingly published without permission. Please tick this box if you give permission. ****

Name:

Signature of parent/guardian:

Date:

*Please see our Website for our Privacy Policy about collection and use of personal information.*