



Windsor Yoga Family

Registration Form

Full Name: Parent/Guardian Name (if under 18)

Date of Birth:/...../..... Age:.....yrs

Email:..... Tel:

Address:..... Post Code:.....

Emergency Contact Details:

Name: Relation: Tel:.....

Have you done any Yoga before? Yes / No If Yes, when and where?.....

Known allergies/physical Limitations/Concerns:.....

How did you hear about us? Google Drive/Walk By Facebook/Instagram Referral
Other

From time to time we would like to send you additional relevant information about **Windsor Yoga Family**. If you do not wish to receive this information please mark here ____

Liability Disclaimer & Notice

I individually and/or as parent and or/guardian of the child identified above hereby acknowledge the following notice and grant to **Windsor Yoga Family** the following:

Liability Release: Windsor Yoga Family takes all reasonable care in ensuring that its programmes are safe. However, I agree that myself/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/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/my child's participation in the **Windsor Yoga Family's** programs. I assume the above risks and accept responsibility for any injury sustained by myself/my child and discharge and hold harmless **Windsor Yoga Family**, its owners, officers and personnel including its teachers and its suppliers from any liability arising from any injury to myself/my child or other persons or property caused by myself/my child's participation in the **Windsor Yoga Family** programs. If that injury is caused either by mine or my child's own fault, or by a third party unconnected with **Windsor Yoga Family** provision of services, or by events which **Windsor Yoga Family** 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.

IF YOU DO NOT UNDERSTAND ANYTHING SET OUT IN THIS FORM PLEASE SPEAK TO Kati Thompson AT Windsor Yoga Family @ 970-481-7906 BEFORE YOU SIGN.

I acknowledge that I have read, understood and agreed to the Terms and Conditions of Contract above.

Signature: Date:.../.../.....

Parent/Guardian Signature (if under 18): Date:.../.../.....