

KIDS/TEENS STUDENT INFORMATION FORM

GLENBROOK YOGA SPACE

(All information will be treated as strictly confidential)

Name: _____

Address: _____

Parent's Email Address: _____

Parent's Phone number/s: _____

Birth Date ____/____/____

Where did you hear about Glenbrook Yoga Space? _____

I, _____ parent/guardian of the above-named child am aware that participation in any sport or physical exercise such as yoga, may result in accident or injury and hereby assume the risk connected with my child's participation in any yoga class with Suzanne Ellis or Glenbrook Yoga Space.

I affirm that my child is in good health and suffers from no physical impairment that would limit his/her participation in the yoga class.

I acknowledge that Suzanne Ellis and Glenbrook Yoga Space will not render any medical services including medical diagnosis of my child's physical condition.

I specifically agree that Suzanne Ellis and Glenbrook Yoga Space will not be liable for any claim, demand, cause of action for any personal injury, property damage, or loss of any kind resulting from participation in the yoga class.

If I choose to personally participate in the yoga class, I agree that the above applies to myself as well.

I have read the above waiver of liability and fully understand its contents. I agree to the terms and conditions stated.

Parent's Name _____

Child's Name _____

Signature _____

Date _____