



fun for kids.fitness for life

Please fill out the following and send to stretch.play.yoga PO Box 642 Los Altos, CA 94023-0642 or e-mail to registration@stretchplayyoga.com prior to the start of class. PLEASE NOTE: YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE IN CLASS UNTIL THIS FORM HAS BEEN RECEIVED. THANK YOU FOR YOUR UNDERSTANDING.

Child's Name _____ Grade _____ School _____ Teacher _____

Please let us know of any injuries, special needs or concerns that we should be aware of:

Has your child had a physical in the last 12 months? Yes No

(For the safety of your child, you are advised and urged to consult a physician prior to participation in a program).

RELEASE OF LIABILITY

I, and my heirs, in consideration of my child's participation in any stretch.play.yoga Yoga class at _____ school ("My School") hereby release stretch.play.yoga, My School, the _____ School District (please note the school district your school is in if applicable) their officers, employees, volunteers, agents and any other people officially connected with these classes (hereinafter collectively referred to as "My School District") from any liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death or loss of money, which might occur while participating in these classes. Specifically, I release said persons from any liability or responsibility for my child's physical condition and for the presence or actions of any other participants. I am aware of the risks of participation, which include, but are not limited to the possibility of sprained muscles and ligaments broken bones and fatigue. I hereby state that my child is in sufficient physical condition to accept the rigorous level of physical activity that may take place during this event. I understand that participation in this program is strictly voluntary and my child freely chooses to participate. I understand that neither stretch.play.yoga, My School nor My School District provide medical coverage for my child. I verify that I will be responsible for any medical or other costs my child incurs as a result of his/her participation. I understand that this Agreement is intended to be as broad and inclusive as is permitted by the State of California.

Parent/Guardian Signature:_____ Date:_____

OPTIONAL PHOTO RELEASE

I hereby authorize stretch.play.yoga to photograph or film me and/or my son or daughter and consent to the use of my/my child(ren)'s likeness in any and all publications, educational materials, research, advertising, news media, video, and World Wide Web materials. I understand and agree that such materials, including all negatives, positives, and prints shall become and remain the sole property of stretch.play.yoga and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and/or used by stretch.play.yoga for potential future uses and further agree to release stretch.play.yoga from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials.

Parent/Guardian Signature:_____ Date:_____

PICK-UP OPTIONS

My child will be picked up after class. Please return my child to After-Care. Please allow my child to sign him/herself out. (parent/guardian signature required:_____ date:_____)

Please release my child to the following people only:

- 1. _____ 3. _____
- 2. _____ 4. _____