



KIDS YOGA REGISTRATION

Student's Name: _____ Age and Birth Date: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact: _____

SPECIAL CONCERNS:

Has student ever had any serious injuries (e.g. broken bones)? If YES, please describe injury and when it happened.

Is student currently taking any medication? If YES, please list medication(s).

PLEASE SPECIFY: **Mon 3:30 (Ages 7 – 9)** _____ **Mon 4:30 (Ages 10 – 16)** _____ **Wed 4:00 (Ages 10 – 16)** _____

TUITION: \$165 for 9 class program: Mondays: April 16 – June 18 or Wednesdays April 18 – June 13

Please make check payable to: **Jennifer Brilliant Yoga, 732A Carroll Street, Brooklyn, NY 11215** (mail or drop off)

TUITION REFUNDS:

Cancellations before 4/16/12 @100%; Cancellations before 4/23/12 @ 50%; No refunds after 4/30/12.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

To obtain the best results from your practice and participation and to avoid any misunderstandings, it is requested that you acknowledge the following:

1. I am participating in yoga classes offered by Jennifer Brilliant Yoga and Personal Training, LLC, during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous and may cause physical injury, and that yoga is comprised of positions and movements which I may not have experienced and of which I am not aware. I am fully aware of the risks and hazards that may be involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and have no medical condition which would prevent my physical participation in yoga classes.
3. In consideration of being permitted to participate in yoga classes, I agree to assume full responsibilities for any risks, injuries, or damages, known or unknown, which I may incur or sustain, as a result of participating in yoga classes.

Date: _____ Signature: _____



CONSENT TO RELEASE RIGHTS TO PHOTOGRAPHIC AND OTHER IMAGES

Jennifer Brilliant Yoga and Personal Training often takes photos and/or videotapes and/or drawings or digital images of its clients and staff for use in its promotional literature and/or to post on its website and social media channels. Please read and sign the following statement to allow Jennifer Brilliant Yoga and Personal Training to legally use photographic images in which you or your child appears. This form also applies to any audio recordings.

I grant to Jennifer Brilliant Yoga and Personal Training, its legal representatives, and those acting with Jennifer Brilliant Yoga and Personal Training's authority and permission, these irrevocable and unrestricted rights: I grant permission to copyright in Jennifer Brilliant Yoga and Personal Training's name or otherwise, and use, re-use, publish, and republish, and post on its website, photographic pictures or images of me, or in which I may be included, and my child or in which he/she may be included, in whole or in part, without restriction as to changes or alterations, in conjunction with my own or my child's name or reproductions thereof in color or otherwise. I also consent to the use of any printed matter in conjunction with photographic images in which my child or I appear. I waive any right that I may have to inspect or approve the finished product or products and the written matter that may be used in connection with it or the use to which it may be applied. I warrant that I am of full age and have the right to contract in my own name. I warrant that I am the legal guardian of the child or children named below. This release shall be binding upon me and my heirs, legal representatives and assigns.

Child's Name: (please print) _____ Child's Age _____

Print name of Parent/Guardian: (Print) _____

Signature of Parent/Guardian: (Sign) _____

Relation to Child: _____ Date: _____