

# GENTLE YOGA

## 2023-2024 REGISTRATION FORM

**STUDENT:** \_\_\_\_\_  
Last First Middle

**MAILING ADDRESS:** \_\_\_\_\_  
Street City State Zip

**E-mail address:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

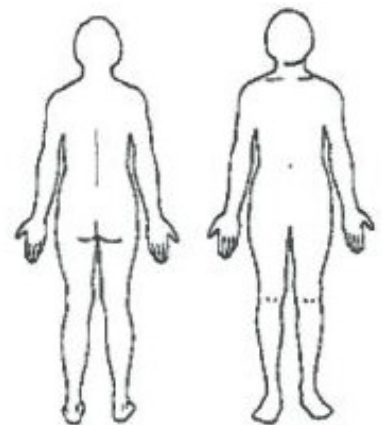
**Please supply an emergency contact:**

**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PLEASE LIST ANY MEDICAL, HEALTH, AND PHYSICAL CONDITIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle Areas of Sensitivity  
for Physical Issues



### Liability Waiver & Release

I, \_\_\_\_\_, recognize that yoga is a physical art and injuries may occur, yet I do  
Parent/Guardian if participant is under 18 years of age - **Print Name**

hereby release and forever discharge North Beach School of Dance, LLC, Solarium Studio, its agents, employees, instructors, and representatives from all claims, demands or claims for relief which may arise from or relate to any and all injury from participation in yoga at North Beach School of Dance, LLC. This shall include, but not be limited to, any and all activities in the dance school, and directly or indirectly around the dance school. Further, I understand that in the instruction of yoga, the touching of the student by the instructor may occasionally occur. This touching will occur only in assisting the student in the proper alignment and execution of yoga movements. I hereby authorize the yoga instructors to so touch myself or my child in an APPROPRIATE fashion, in order to assist myself or my child.

I understand that video cameras are installed in the studio to ensure the safety and well being of myself and/or my child. The information contained on these tapes will be secure and accessible by authorized personnel only.

**Image/Photo Release** – North Beach School of Dance, LLC and Solarium Studio reserves the right to use images of students for promotional, educational, advertising, filmed, audio taped and/or interviewed by the media.

I have read this document and fully agree and understand that it is a release of all claims. In an emergency situation, I hereby grant permission for a staff member or teacher at North Beach School of Dance, LLC and Solarium Studio to seek emergency medical treatment for my child or myself.

\_\_\_\_\_  
Signature – Participant or Parent/Guardian if under 18 years of age

\_\_\_\_\_  
Date