

REGISTRATION FOR MOVE THROUGH YOGA AFTER SCHOOL PROGRAM

Thank you for per-registering online (required), please complete the following registration and bring with your payment to our first class. Name School What other physical activities do you participate in? What areas of the body would you like to work on? (Areas of growth, flexibility in hips, etc.) Optional: Tell us what kind of things stress you out or make you worry (test taking, friends, etc.) Let us know how your child will get home with your permission: _Me/parent ____After Care___Walk ___Friend (please provide name and cell) ______ **Students must be picked up on time. There is a \$1.00/minute late fee for students picked up five minutes after class ends. ARE YOU READY TO MOVE? I have paid via the Yoga in Schools, LLC Registration button online (movethroughyoga.org/YIS)? _____I have paid an extra \$2 per class for mat rental? _____I have attached my Liability Release form? I have attached my Media Release form?

Please remind your kids to use the restroom and have a snack before class. Please also remind them to have fun, be kind and respect each other and school rules.



Yoga in Schools LLC, and Move Through Yoga LLC 501c(3) Liability Waiver & Release Form

Name of Student:		Age:
Name of Parent/Guardian:		
Student Birth Date:/		
Address:		
City:	Zip:	
Parent/Guardian Phone:	_	
Email:		
Emergency Contact Name:		
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT		
In consideration for receiving permission to participate in the Yogram), taking place at (Name of school) discharge and covenant not to sue the following entities and the parent, subsidiaries and affiliates:	oga In Schools LLC after schoo (the "Facilities"), neir respective officers, agents	l program (The Pro- I hereby release, waive, , servants, employees,
Yoga in Schools LLC, and their subsidiaries, affiliates, franchisees ployees (collectively, the "Indemnified Parties")	s, their respective officers, dire	ctors, agents and em-
in connection with any liability, claims, demands, actions and cany loss, damage, or injury, including death, that may be sustained from any cause whatsoever, arising in connection with my part	causes of action whatsoever o ined by me, or any of the prop icipation in the Program taking	rising out of or related to perty belonging to me, g place at the Facilities.
I hereby acknowledge that I am voluntarily participating in the risks of loss, property damage or personal injury, including death to property owned by me, as a result of being engaged in such	Program. I voluntarily assume n, that may be sustained by m n activity.	full responsibility for any ne, or any loss or damage
I understand that yoga includes physical movements as well as relief of muscular tension. As is the case with any physical activity present and cannot be entirely eliminated. If I experience any the activity, and ask for support from the instructor. I will continuany and all damages, which may incur through participation.	an opportunity for relaxation, ity, the risk of injury, even serio pain or discomfort, I will listen t ue to breathe smoothly. I assur	stress re-education and us or disabling, is always o my body, discontinue ne full responsibility for
Yoga is not a substitute for medical attention, examination, dia not safe under certain medical conditions. By signing, I affirm the and physical condition to participate in such a fitness program, medical conditions or physical limitations before class. If I am pipost-surgical, my signature verifies that I have my physician's a responsible to decide whether to practice yoga and participate release and waive any claims that I have now or may have helincluding Move Through Yoga, LLC and 501c(3), and their instru	gnosis or treatment. Yoga is no nat a licensed physician has ve . In addition, I will make the ins regnant, become pregnant of oproval to participate. I also a tion is at my own risk. I hereby reafter against Yoga In School	of recommended and is erified my good health tructor aware of any I am post-natal or ffirm that I alone am agree to irrevocably s LLC and any subsidiaries
I further agree to indemnify and hold harmless the Indemnified ing court costs and attorney fees that they may incur as a resul	Parties from any loss, liability, o t of my participation in the Pro	damage or costs, includ- ogram at the Facilities.
It is my express intent that this Waiver of Liability and Hold Harm if I am alive, and my heirs, assigns and personal representative, waiver, discharge and covenant not to sue the Indemnified Pa and Hold Harmless Agreement shall be construed in accordance tion arising in connection with this Waiver of Liability and Hold H shall only be brought in a court of competent jurisdiction in Col	less Agreement shall bind the if I am deceased, and shall brities. I hereby further agree that with the laws of the State of larmless Agreement and/or proorado.	members of my family, e deemed as a release, at this Waiver of Liability f Colorado and all litiga- articipation in the Program
I have read and fully understand and agree to the above term ment. I am signing this agreement voluntarily and recognize the release of all liability to the greatest extent allowed by law in th		
Signature (of responsible party if student is under 18)		
Printed Name:	Date:	



MEDIA CONSENT FORM AND RELEASE FOR MINOR CHILDREN (one per child)

In shortwe will never use your child's name in photos. We would like to show how much fun they are having with parents and other interested students
I am the parent/guardian of
I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied. I hereby release, discharge, and agree to indemnify and hold harmless YIS and MTY, and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials. I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.
THIS IS A RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BE- FORE SIGNING. PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)
CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do hereby give our/my consent without reservation to the foregoing on behalf of My Child.
CON-CONSENT: We/I hereby certify that We/I are/am the parent(s) or guardian(s) of the above named child and do not hereby give our/my consent without reservation to the foregoing on behalf of My Child.
Parent/Guardian's Signature
Parent/Guardian's Printed Name
Date