



Today's Date: _____

Child's Full Name: _____

Age: _____ Date of Birth: _____ Boy/Girl: _____

Parent/Guardian Full Name: _____

Address: _____

City: _____ Code: _____

Mobile: _____ Home: _____

Work: _____ Caregiver: _____

Email: _____

Emergency Contact and Number: _____

Doctor Name and Number: _____

Known allergies, physical limitations, concerns: _____

How did you hear about us? _____

Starting Term: _____ EFT/Cash: _____

Liability Disclaimer & Notices: please read carefully

I individually and as parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to Astanga Studio and all employees the following release from liability:

- A. I, the undersigned, warrant that I am duly authorized to sign for and bind all children represented by me and / or for whom I am responsible to these conditions of participation and, failing such authority, agree to be personally liable for all amounts and / or claims arising from the participation of my children in the any activity arranged by The Astanga Studio.
- B. I hereby agree on behalf of myself and my children that it is a condition of my / their participation in the activities organised by The Astanga Studio and / or each and any of its associated companies, and their respective members, employees, contractors, sub-contractors, agents, workmen or representatives (hereinafter jointly and severally referred to as The Astanga Studio) shall not be responsible for any accident or bodily injury to any person or loss of or damage to property during the classes organized by The Astanga Studio regardless whether such injury, loss or damage results from the negligence of The Astanga Studio or from any other cause whatsoever.
- C. Should my child/children, choose to participate in any activity arranged by The Astanga Studio, including yoga, but not limited to yoga, I agree on behalf of myself and the members of my child/children:
 - My children have no medical condition in respect of which they should not participate in the chosen activities;
 - I am aware of the potential dangers involved in the participation of the chosen activities;
- D. I clearly understand that failure to attend a class will not result in a refund.

Parent/Guardian Signature: _____

Signed on this _____ day of _____ 20