



By signing below, I agree to the following:

- I understand that the child/children below are voluntarily participating in the Fired on the Mountain LLC and Live a Little Fitness LLC activities.
- I am aware that the child/children listed below will be engaging in physical exercise/movement involving various activities, Yoga Poses, walking along the sidewalk and/or Beam Play that can cause harm or injury.
- I am aware that the myself/child/children listed below will be engaging in various activities, and will come in contact with a variety of materials such as, but not limited to: Paint, Glaze, Wood, Vinyl and Clay.
- I am assuming all risks of injury to myself/child/children that may result from any art related materials/tools/events including but not limited to reaction to product, transportation to and from Fired on the Mountain and/or Live a Little Fitness or outside our premises.
- I am assuming all risks of injury to my child/children that may result from engaging in any art or exercise program, Yoga Class or Beam Play related events including but not limited to tripping, bumping heads, slipping, or falling on or off the Live a Little Fitness L.L.C and Fired on the Mountain LLC or outside our premises.
- I hereby agree to waive any claims or rights that I may otherwise have to sue Live a Little Fitness, and/or Fired on the Mountain LLC or Live a Little Fitness, Fired on the Mountain owners, employees, officers, or agents for any injury that might occur.
- I understand that Live a Little Fitness and Fired on the Mountain will make no evaluations or recommendation as to whether or not the child/children listed below is capable or deemed physically fit to engage in any activity.
- If the child/children listed below has any physical or mental condition that may impair their ability to engage in any Live a Little Fitness program, Yoga, Yoga and Art Camp or Beam Play it is MY responsibility to obtain a physician's release.
- I understand that it is recommended I consult a physician prior to my child's/children's participation in any physical exercise program.
- I understand any damage caused by my child/children to the property or equipment is my financial responsibility.

Child's Name: _____ Age: _____ Date of Birth: _____

Parents/Guardian: email address: _____

Is it ok to photograph your child : **yes** or **no**

Emergency Contact & relation : _____ **Phone:** _____

Additional Emergency Contact: _____ **Phone:** _____

Child's Health History:

Please list any medical conditions, injuries or restrictions: _____

Please List any Food Allergies: _____

What current issues or challenges is your child currently dealing with: (examples bullying, over eating, sadness, anger). Please list any issues you would like us to explore through Yoga or art
Additional info you'd like us to know: _____

Parent/Guardian: printed: _____

Parent/Guardian Signature: _____ Date: _____