



Kids Yoga Waiver & Registration

(DIZONFIT Training Studio – Online & In Studio or Event Participation)

Name: _____ Age: _____

Male/Female ___

Name of Parent/Guardian: _____

Address: _____

City: _____

Email Contact: _____

Emergency Contact And Telephone Number: _____

Relationship: _____

If the Child is currently experiencing any medical conditions (e.g. injury, asthma, epilepsy...) that the instructor should be informed of please specify here:

If the child is currently taking medications or has serious allergies that should be made known to medical personnel in case of an emergency, please indicate them here: _____

CHILD WAIVER

(TO BE SIGNED BY THE ADULT PARENT OR GUARDIAN)

Please convey the following information to your child: Asana (yoga posture) means posture easily held. If it's too hard or if it hurts, you can stop! You may rest at any time during the class. It is important in yoga that you listen to your body and respect its limits on any given day. I, the undersigned parent or guardian, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. In the case where my child has an injury, sickness, or anything else that may be affected by physical activity, I have consulted with physician to ensure my child can take yoga classes. I recognize that is my responsibility to notify the instructor of any serious illness or injury before every yoga class. In further consideration of permitting my child to participate in the yoga class, I knowingly, voluntarily and expressly waive any claim I may have against Christina Dizon, DIZONFIT Kids Yoga and the owner/lessor of the Premises for injury or damages that my child may sustain while on the Premises or online as a result of participating in the yoga class.

I, my heirs or legal representatives irrevocably covenant not to sue and forever release, waive, and discharge any other claims of any kind whatsoever against Christina Dizon, DIZONFIT Kids Yoga or the owner/lessor of the Premises or online sessions for any personal injury, property loss or damage, or wrongful death, whether caused by negligence or otherwise. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. I accept that neither the instructor, nor the hosting facility is liable for any injury, or any damages, to person or property, resulting from the taking of the class.

Photography & Marketing

Do you grant permission for photos (no face / identity photos) to be used in future marketing? Please circle **YES or NO**.

If **YES** please initial below:

I hereby grant Christina Dizon/DIZONFIT Training Services permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

Initials: _____

This form must be signed by a parent or guardian:

(SIGN) _____ (PRINT) _____

Parent or Guardian

Date _____