

Yoga Teacher: Alison Drake

Student Information and Disclaimer form for Children and Teenagers
To be completed by Parent/Guardian of student

Full name of student: _____

Date of birth: _____ Age: _____

Parent/Guardian's (circle as appropriate) name: _____

Email: _____ Mobile no: _____

Emergency contact name: _____ Emergency contact no: _____
Emergency contact relationship: _____

Medical/health conditions/allergies (inc. dietary restrictions) that may impact your child's yoga practise:

No Yes (please provide details, including details of any medications taken)

Previous yoga experience of your child:

None Yes (please provide details)

I give my permission for photographs of my child to be taken and placed on social media, promotional material and websites related to OmSkool Yoga/ Yoga classes with Alison Drake (please circle as appropriate): **No** **Yes**

Please read carefully and sign below: Agreement of Release and Waiver of Liability

I _____ (full name) the parent/guardian of

_____ (student's full name) understand that yoga classes involve physical movements of the body. I understand that I am responsible to decide whether or not my child should practise yoga. I am aware that it is advisable for my child to consult a physician prior to any kind of physical activity. I hereby declare that to the best of my knowledge, my child is physically able and fit to partake in yoga classes under the instruction of Alison Drake. My child should notify Alison Drake immediately if any pain or discomfort is felt before, during or after one of the yoga classes that they attend under her instruction. I acknowledge that it is my child's responsibility to be aware of their own physical limitations and they should come out of a posture immediately and inform Alison Drake if they feel unwell or if they feel any pain. I understand that any physical activity, including yoga classes, can result in physical injuries, disabling injuries, accidents or death. I accept that neither Alison Drake nor the hosting facilities are liable for any physical or disabling injuries, accidents or death caused as a result of my child partaking in these yoga classes. I understand that all payments are non-refundable. I understand that yoga is not a substitute for medical attention or treatment. I, my heirs or legal representative hereby forever release and waive any claims now or hereafter against Alison Drake. I have read, accept and agree to all the terms and conditions outlined in this agreement and on this form. **Cancellation policy:** I understand that by cancelling a class giving less than 24 hours notice will result in a fee of 50% usual class price incurred.

Signature: _____ **Date:** ____/____/____ **Print: name:** _____

