



**UNITY KIDS YOGA
REGISTRATION & WAIVER FORM**

Today's Date: _____

Child's Full Name: _____

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

Parent/Guardian Full Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Mobile: _____

Please list all known allergies, physical limitations or concerns:

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 Unity of Greater Hartford the following release from liability:

I acknowledge and fully understand that my child, will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result or participating in this program and discharge and hold harmless Unity of Greater Hartford, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons caused by my child's participation in the Unity of Greater Hartford's Kids Yoga program.

Parent /Guardian Signature _____

Date: _____

**Unity of Greater Hartford
919 Ellington Rd.
South Windsor, CT 06074**