



YOGA FOR CHILDREN WITH SPECIAL NEEDS REGISTRATION FORM

Class Dates: _____

(1) Student Name: _____

(2) Student Name: _____

(3) Student Name: _____

(4) Student Name: _____

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

E--mail Address: _____

Waiver: Parent/guardian realizes that there is the possibility of injury in any exercise or activity. The parent or guardian undersigned agrees to hold Innova Yoga with Clare Oasis Inc. and their instructors, employees, contractors and board members harmless in case of any mishap, accident or injury before, during or after activities from this date forward. All participants are advised that they should have their doctor's approval for activity. The benefits of yoga show in a student over multiple sessions.

- I agree to the waiver and authorize my child(ren) to attend this event.
- (optional) I, hereby give permission for images of myself (and my family) captured during regular and special Clare Oasis activities through video, photo and digital camera, to be used solely for the purposes of Clare Oasis' promotional material and publications, and waive any rights of compensation or ownership thereto.

Parent / Guardian

Signature: _____ Date: _____