

Consent Form

Parent / Guardian Full Name: _____

Child's Full Name _____

Boy/ Girl / Non binary: _____

Age: _____

Address : _____

_____ Post code _____

Email : _____

How did you hear about us? _____

(Mobile Phone) _____

(Home Phone) _____

Emergency Contact Name: _____

Relationship: _____

Emergency Contact Phone: _____

Doctor's Name: _____

Doctor's Contact Phone: _____

Known Allergies / Physical Limitations / Concerns: _____

Disclaimer.

Individually and also as parent and / or guardian of the minor child above, I hereby acknowledge the following notes and grant to Hannah Parsons of The Inky squid Yoga and Mindfulness, the following consent from liability and negligence:

Liability Release:

I acknowledge and fully understand that I and / or my child will be engaging in physical activities that may involve risk of injury. I acknowledge that I have been advised to consult with my, or my child's physician with respect to any past or present injury, illness, health problem or any other condition that may affect my and / or my child's participation in this yoga program.

I assume the foregoing risks and accept personal responsibility for any and all personal injuries sustained by my child and / or myself and discharge and hold Hannah Parsons of The Inky Squid, it's owners, members, teacher's, employees, from any claim, cause of liability for damages arising from any injury to my child's person, my person, or other persons or property caused by my, or my child's participation in The Inky squid yoga program, including the negligence of Hannah Parsons of The Inky squid.

In the event that I / or my child become ill, or injured during, or as a result of participation in the class, I hereby allow Hannah Parsons of The Inky squid to arrange for such emergency medical services as deemed necessary.

We request 24 hours notice if you are unable to attend a pre-booked class (may not apply under some special circumstances) as numbers are limited.

Parent / Guardian Signature: _____

Date: _____

I have been informed and agree that photographs / videos may not be taken of my child and / or any other minor during class

Parent / Guardian Signature: _____

Date: _____