



Yoga and Mindfulness for Children, Training & support for schools

## Registration and Waiver of Liability for Yoga Child Teacher Training

Name:

Address:

Phone Number:

Email/Website:

Emergency Contact:

Name:

Relation:

Phone Number:

Name of Training:

Training Start and End Dates:

Location of Training:

Amount Paid to Host Facility at Time of Registration: \$

I acknowledge and agree that I am participating in a Yoga Child teacher training program during which I will receive information and instruction about teaching yoga and mindfulness to children. I recognize that yoga requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding participation in yoga trainings and workshops. In consideration of participating in the Yoga Child Teacher Training, I agree to assume full responsibility for any risk, injuries or dangers, known or unknown, which I might incur as a result of participating in the program. In further consideration of being permitted to participate, I knowingly, voluntarily and expressly waive any claim against Yoga Child and it's educators for injury or danger that I may sustain as a result of participating in the program.

I understand that this training is limited to 25 participants, and that payment in full, is to be provided to the host facility. I further understand that if I have an emergency and am unable to attend, or withdraw from the program for any reason, that I will be able to apply my payment to a future Yoga Child training at the same host facility on a space available basis, subject to a \$150 administration fee.

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

I'm ready to become a children's yoga teacher – Namaste

Sign and Return via email to [info@yogachild.net](mailto:info@yogachild.net) and [gail@yogachild.net](mailto:gail@yogachild.net)