



**Minor Registration form**

*Must be completed and signed by parent only.*

Child's First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's First and Last Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email address to receive monthly newsletter, specials and promotions: \_\_\_\_\_

**By providing us with your email address and personal information, you give us permission to contact you for AZ on the Rocks' related news, events, programs, clubs and information. We will not sell, share or give away your information at anytime for any reason, unless required by law.**

How did you learn about Yoga on the Rocks?

- |  |   |
|--|---|
| <input type="checkbox"/> AZ on the Rocks | <input type="checkbox"/> Friend/Word of Mouth |
| <input type="checkbox"/> AZ Republic     | <input type="checkbox"/> School _____         |
| <input type="checkbox"/> Internet        | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Magazine: _____ |   |

Please indicate if your child has or has had any of the following:

- |   |  |
|---|--|
| Asthma ____   | Muscular injury ____                           |
| Arthritis ____  | Dizzy spells / Fainting ____                   |
| Blood Problem ____                                    | Heart / Circulatory Problems ____              |
| High Blood Pressure ____                              | Other medical condition, injury or disability  |
| Cancer ____   | Specify: _____                                 |
| Diabetes ____   |  |
| Stroke/TIA ____                                       | Please list current medications and allergies: |
| Pregnancies ____                                      | _____  |
| Glaucoma ____   | _____  |
| Joint injury (ankle, knee, hip, elbow, shoulder) ____ |  |
| SURGICAL HISTORY: (If yes, when and what type)        |  |

**OVER →**

## PARTICIPATION AGREEMENT TERM AND CONDITIONS

I, \_\_\_\_\_ (print name), the parent or legal guardian of \_\_\_\_\_ (print name) (hereinafter, referred to as "we" or "our"), acknowledge yoga includes physical movements and involves the risk of injury whether I, my child or someone else causes it. Such risks include, but are not limited to, muscle, ligament and/or tendon tears or strains, joint and/or spinal injury, sprained neck, rotator cuff injuries, straining muscles from over-stretching, contact with another student, and dizziness. We voluntarily assume all risks of engaging in yoga. I represent that my child is in good health and has no disability, impairment, injury, disease or ailment preventing my child from engaging in active or passive exercise or which would cause increased risk of injury or adverse health consequences as a result of engaging in active or passive exercise. **AS THE PARENT OR LEGAL GUARDIAN, I GIVE MY EXPRESS CONSENT TO YOGA ON THE ROCKS TO PROVIDE MEDICAL CARE AND TO GIVE AUTHORITY TO ANY LICENSED MEDICAL PROVIDER TO PROVIDE IMMEDIATE CARE TO MY CHILD.**

We waive, release and discharge forever AZ on the Rocks – Indoor Climbing, Inc. (dba Yoga on the Rocks) and their respective owners, officers, employees and anyone providing services on their behalf (hereinafter, collectively referred to as "Released Parties") from any and all liabilities, claims, demands or causes of action whatsoever for any harm, loss, damage, property damage/loss, personal injuries or death, due to any negligence, gross negligence or any other cause resulting from, arising out of, or in connection with our presence in or use of Released Parties' facility, or participation in any classes, programs or other activities at Released Parties' facility. We understand, by signing this Agreement, we have no claim against or right to recover any damages or other compensation whatsoever from Released Parties. Such acknowledgment and assumption extends to our partner, guests, relatives, and/or child (born or unborn).

We jointly and severally agree to defend, indemnify and hold harmless Released Parties against any claim resulting from, arising out of or in any way connected with our presence in and/or use of Released Parties, their facilities, or equipment, or participation in their classes, programs or other activities. We agree any dispute or claim arising in any way in connection with this agreement and/or use or presence at Released Parties facility shall be settled by binding arbitration administered by the American Arbitration Association. Such arbitration shall take place in Maricopa County, Arizona. By signing this Agreement, we understand we have no right to sue Released Parties.

We further understand and acknowledge Released Parties do not manufacture any of the equipment at their facility, but simply purchases or leases such equipment from third parties. As such, we understand and acknowledge Released Parties are providing solely recreational services and may not be held liable for defective products. We agree to use such equipment "as is," without any warranties and we use such equipment at our own risk.

We also give Released Parties permission to use our photo or video likeness(es) for promotional and/or educational purposes in any and all types of media. We understand we will not be compensated for such usage. Released Parties are not responsible for any damage or loss to any personal property brought to Released Parties' facility.

If any term of this Agreement is deemed invalid, illegal or unenforceable, such invalid, illegal or unenforceable term shall be stricken only to the minimal extent necessary and all remaining terms shall remain in effect and enforceable. No term can be waived or changed in any way except expressly in writing and signed by both parties. This Agreement has no expiration date.

**I have read, understand and agree to all provisions provided herein:**

**Parent:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date