

PARTICIPANT QUESTIONNAIRE



Please help us get to know you . . .
... and serve you best during our time together.

Name(s): _____

Parent or Guardian's Full Name (if student is a minor): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Best phone number for or course communications: _____

Email: _____

Please do not add me to Breathing Space's email newsletter list

Date of Birth (for all child participants): _____

Which class are you taking? _____

Have you ever taken yoga before? Why are you taking class now?

Do any participants have any health or medical issues that we should be concerned about? No Yes (please describe, along with any other information you'd like to share)

How did you hear about Breathing Space?

Hill Center email

Poster/flyer

Washington Post or
other calendar

Neighborhood
listserv

Facebook

Directly from
instructor

MOTH

Other: _____

Emergency Contact

Who should we call in the case of a medical or other emergency?

WAIVER OF LIABILITY AND PHOTO RELEASE



By purchasing a class or camp on behalf of myself or my child, I certify that I, as legal parent / guardian with legal responsibility for this participant, do consent to my/his/her participation and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless all Breathing Space, LLC, instructors, program venues, their shareholders, directors, officers, employees, representatives and agents from any and all loss, claim, injury, damage or liability pertaining to my and/or my minor child's involvement or participation in this program, even if arising from negligence, to the fullest extent permitted by law.

It is expressly agreed that all use of the facilities and premises on and off-site (including but not limited to stairs, streets, parking areas, walkways, driveways, etc.) shall be undertaken at my and my minor child's own sole risk. I understand that campers participate in field trips and neighborhood outings off site.

Photography Release: I understand that I or my child may be photographed while having fun at Breathing Space yoga camps or classes. The photographs will be the property of Breathing Space, LLC and no compensation will be given to my child or me if these photographs are used by Breathing Space or owner Jennifer Mueller. I understand that no person whose image is used will be identified by name and the photographs will be used for promotional and training purposes only.

Emergency Medical Treatment of Minors: I understand that in the case of emergency, my child will receive medical treatment at the nearest hospital. In the case that the emergency contacts I have provided are unreachable, I authorize a Breathing Space Family Yoga representative to seek medical treatment and make all related decisions on behalf of my child. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

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PRINTED NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

For Parents Registering Children for Yoga Classes / Workshops: I am the parent and/or guardian of the minor child/children for whom I am registering. I have read this release and fully understand its contents, and I have the full right and authority to execute this release and permission.

LEGAL GUARDIAN OF _____,

LEGAL GUARDIAN OF _____,

LEGAL GUARDIAN OF _____.

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT

DATE