



Mommy & Me YOGA

Participant Registration Form

Please check one:

- ☐ **Mommy & Me Yoga Northern Lehigh Resident**
☐ **Mommy & Me Yoga Non-Resident**

Name _____

Home Phone _____ Cell Phone _____

Email: _____

Address _____

City _____ State _____ Zip _____

How did you hear about us? Website Flyer Word of Mouth Other: _____

Name: _____

Home: _____ Work: _____ Cell: _____

EMERGENCY CONTACT INFORMATION:

PLEASE LIST ANY MEDICAL CONDITIONS AND/OR ALLERGIES THAT WE SHOULD KNOW ABOUT:

Northern Lehigh Recreation Authority

WAIVER AND ASSUMPTION OF RISK

In consideration of my involvement and participation in Northern Lehigh Recreation Authority (“**NLRA**”) programs, activities, and/or events, (collectively “**Program(s)**”), and/or the use of Program Facilities, and intending to be legally bound, the undersigned (or Parent or Guardian of the Participant if Participant is a minor):

Release Form

As the participant and/or parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.

Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the Northern Lehigh Recreation Authority and its officers, agents and employees and any licensed physician to perform upon or administer to myself/ my child, as identified on this registration form, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the Northern Lehigh Recreation Authority and its’ officers or agents from any obligation or responsibility with respect thereto. I further represent that myself/my child has no condition, illness, disease, disability, or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed on this registration form. I further represent that myself/my child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed on this registration form. I further agree to indemnify and hold harmless any officer, agent or employee of the Northern Lehigh Recreation Authority from any and all actions, causes of actions, suits, injury claims, or demands asserted by any third party, with respect to any act, omission, wrongful or unlawful conduct by my child during the course of his/her participation in program/activity. This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND ASSUMPTION OF RISK, AND UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

(Signatures of Participant or Parent/Guardian of Participant)

(Date)

Name (Please Print)