

MAGNUS MUKORO SPORTS FOUNDATION
ONE LOVE YOGA PROGRAM

Today's Date: _____

Child's Full Name: _____

Age: _____ Date of Birth: _____ Boy _____ Girl _____

Parent/Guardian Full Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip Code: _____

Mobile: _____ Home: _____

Work: _____ Caregiver: _____

Email: _____

Emergency Contact and Number: _____

Doctor Name and Number: _____

Please list all known allergies, physical limitations, concerns and goals:

How did you hear about us? _____

FEES:

_____ \$10 per class (1 adult & 1 child) or _____ \$5 per class (1 child)

Liability Disclaimer & Notices: please read carefully:

I individually and as parent and/or guardian of the minor child identified above hereby acknowledge the following notices and grant to *The Magnus Mukoro Sports Foundation* ("MMF") the following release from liability:

A. I acknowledge and fully understand that I, or my child, will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless MMF, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in the MMF program.

B. I agree / disagree to give MMF permission to use photographs of myself or my child for any MMF promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Parent /Guardian Signature _____