



## I Want to Do Yoga.

Hi! My name is \_\_\_\_\_ and I'm \_\_\_\_\_ years old.

My birthday happens once a year on DD / MM / YYYY.

The special things I need you to pay attention to when you teach me yoga are \_\_\_\_\_ (please list any special needs / injuries / chronic conditions etc...).

My parent's names are \_\_\_\_\_ and we live at \_\_\_\_\_ (your address).

You can give me a call on \_\_\_\_\_ (phone number) or send me an email to \_\_\_\_\_.

My favorite animal is \_\_\_\_\_ and I like things that are \_\_\_\_\_ (colour).

My favorite superhero is \_\_\_\_\_ and I really like going to \_\_\_\_\_ (your favorite place).

I like to eat \_\_\_\_\_ and my favorite thing to do is \_\_\_\_\_ . But above all, what I like the most is \_\_\_\_\_ .

Hugs and Kisses!

The Midtown Hougang, 1187 Upper Serangoon Road, #02-31/32, S(533971)

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**[www.yoga4allsg.com](http://www.yoga4allsg.com)**



# Liability Waiver Agreement

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether I or my child are fit to practice yoga. I also understand that supportive and encouraging touch, massage, and partner and group interaction is an integral part of this class.

I hereby agree to irrevocably release and waive any claims that I and/or my child/children, now or hereafter, may have against Instructor Huang Huilin, Annie Yim and Kicks Sports Pte Ltd.

I AGREE / DISAGREE\* to give Yoga 4 All permission to use photographs of myself or my child for any Yoga 4 All promotional materials. I understand that my child will never be identified by name, nor will any compensation be extended for such use.

\_\_\_\_\_  
Signature of student, parent or guardian

\_\_\_\_\_  
Date

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