

**Pelham Parks and Recreation**  
6 Village Green, Pelham, NH 03076

Phone: 603-635-2721

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Fax: 603-508-3094

## **Kids Yoga 4 Sundays**

June 2<sup>nd</sup> through June 23<sup>rd</sup>, 4:00pm to 5:00pm

### **Participant Release Form**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Names (for those under 18): \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Enjoy scheduled family time while learning yoga (poses, breath work and mindfulness) through books, songs and games! We'll jump, stomp, crawl, dance breathe like balloons and end class with a snuggly relaxation. No experience necessary. Please bring a yoga mat and water bottle. **The program will take place on Sundays as noted above for four weeks at the Hobbs Community Center (Senior Center), 8 Nashua Road. This class is designed for children ages 6 to 12. Space is limited to 12 participants; first come/first served.**

This program poses limited risks to the participants. These risks may include but are not limited to bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death. We advise that all those participating be in good physical condition. Any limitations regarding physical capabilities should be made known to Pelham Parks and Recreation Department. Participants should wear comfortable clothing.

Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants' health and safety:

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I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might affect his/her participation. He/she meets the standards required for participation and will have the necessary equipment, if needed, which will be in good working condition. I assume all the risks normally incidental to the nature of this activity, including risks which are not specifically foreseeable. I will follow the rules and regulations provided by the activity leaders/coaches/supervisors. I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept, its employees, agents, representatives, coaches, volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity inappropriate to the circumstance.

You have my permission to have a physician attend to me, if it is deemed necessary, during my participation in the above activity. Participation may be videotaped or photographed for the website.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Signature of parent \_\_\_\_\_

In case of emergency and the parents/guardians cannot be reached, please contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Town/City/State: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please make checks payable to: Town of Pelham \$55 per child, \$50/sibling**