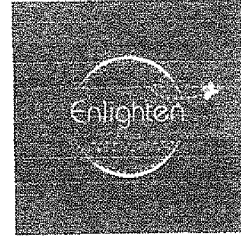


Enlighten
Yoga



	Name:	Name:	Name:
Adult or child			
Important info			
Medical			
Allergies			
Photo permission			
Emergency contact			

Liability Release

In exchange for permission for me and/or my child to participate in Enlighten yoga classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Leanne Lucas and Enlighten yoga, it's officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Enlighten yoga programme or classes.

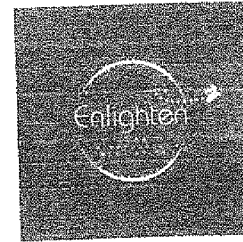
In the event that I and/or my child becomes ill or injured during or as a result of participation in the Enlighten yoga programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/pr health and/or the life and/or the health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Printed:

Signed:

Date:

Enlighten Yoga



	Name:	Name:	Name:
Adult or child			
Important info			
Medical			
Allergies			
Photo permission			
Emergency contact			

Liability Release

In exchange for permission for me and/or my child to participate in Enlighten yoga classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Leanne Lucas and Enlighten yoga, it's officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Enlighten yoga programme or classes.

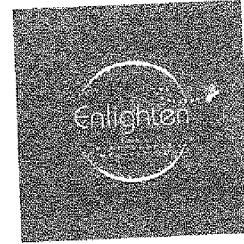
In the event that I and/or my child becomes ill or injured during or as a result of participation in the Enlighten yoga programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/or health and/or the life and/or the health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Printed:

Signed:

Date:

Enlighten Yoga



	Name:	Name:	Name:
Adult or child			
Important info			
Medical			
Allergies			
Photo permission			
Emergency contact			

Liability Release

In exchange for permission for me and/or my child to participate in Enlighten yoga classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Leanne Lucas and Enlighten yoga, it's officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Enlighten yoga programme or classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Enlighten yoga programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/pr health and/or the life and/or the health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Printed:

Signed:

Date:

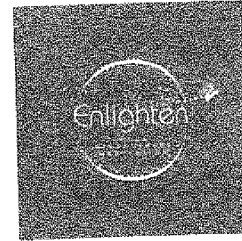
Enlighten Register Taylor Swift Camp

Location: The Hart Space

Date: Monday 29th August 2024							
	Name	Age	Contact	Paid	Form	photo	Info
1 ✓	Alice	9	Mum Dad DPA	yes	yes	yes	DPA
2 ✓	C5	DPA	C5-SF DPA	yes	yes	yes	
3 ✓	X		X-M Mum DPA	yes	yes	yes	DPA
4 ✓	P		DPA Mum	yes	yes	yes	
5 ✓	Q		DPA Q-M (mum)	yes	yes	yes	
6 ✓	C1		C1-M DPA Mum	yes	yes	yes	
7 ✓	L		C1-M DPA	yes	yes	yes	
8 ✓	N		N-M DPA	Yes	Yes	yes	
9 ✓	C8		N-M DPA	yes	Yes	Yes	
10 ✓	C4		C4-M DPA	yes	yes	yes	
11 ✓	C2		C2&C7 - M DPA	yes	yes	yes	
12 ✓	C7			yes	yes	yes	
13 ✓	T		C2&C7 - M DPA	yes	yes	yes	
14 ✓	O		Mum DPA	yes	previous	yes	
15 ✓	U		U-M DPA	cash	previous	yes	
16 ✓	Elsie	7	Mum Jen DPA	cash	previous	yes	
17 ✓	W	DPA	Dad DPA	yes	No		
18 ✓	V				No		
19 ✓	Bebe	7	Lauren DPA	cash	previous	yes	
20 ✓	S	DPA		cash	previous	yes	
21 ✓	R		R-M DPA	cash	No		
22 ✓	K		K-M DPA	cash	No		
23 ✓	M		Mum DPA	yes	No		
24 ✓	C3		C3-F Dad DPA	yes	No		
25 ✓	J		C2 DPA	?	No		

✓ **C6** helping

Enlighten Yoga



	Name:	Name:	Name:
Adult or child	K		
Important info			
Medical			
Allergies			
Photo permission			
Emergency contact	K-M	DPA	

Liability Release

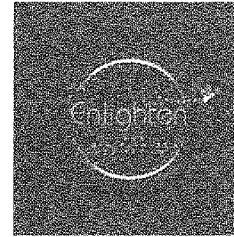
In exchange for permission for me and/or my child to participate in Enlighten yoga classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Leanne Lucas and Enlighten yoga, it's officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Enlighten yoga programme or classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Enlighten yoga programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/pr health and/or the life and/or the health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Printed: **K-M** Signed: **Signature** Date: **29/7/2024**

Enlighten
Yoga



	Name:	Name:	Name:
Adult or child	M		
Important info	N/A		
Medical	N/A		
Allergies	N/A		
Photo permission	YES		
Emergency contact	M-M	DPA	

Liability Release

In exchange for permission for me and/or my child to participate in Enlighten yoga classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Leanne Lucas and Enlighten yoga, it's officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Enlighten yoga programme or classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Enlighten yoga programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/pr health and/or the life and/or the health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Printed:

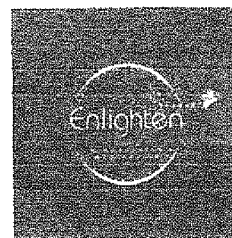
M-M

Signed:

Signature

Date: 29.07.24

Enlighten
Yoga



	Name:	Name:	Name:
Adult or child	R		
Important info			
Medical			
Allergies			
Photo permission	<i>yes</i>		
Emergency contact	DPA	R-F	

Liability Release

In exchange for permission for me and/or my child to participate in Enlighten yoga classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Leanne Lucas and Enlighten yoga, it's officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Enlighten yoga programme or classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Enlighten yoga programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/or health and/or the life and/or the health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Printed:

R-F

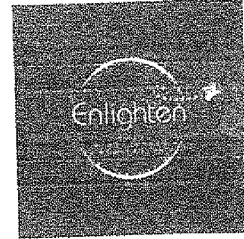
Signed

Signature

Date:

29/07/24

Enlighten
Yoga



	Name:	Name:	Name:
Adult or child	W	V	
Important info			
Medical			
Allergies	DPA		
Photo permission	☒	☒	
Emergency contact	DPA		

Liability Release

In exchange for permission for me and/or my child to participate in Enlighten yoga classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Leanne Lucas and Enlighten yoga, it's officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Enlighten yoga programme or classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Enlighten yoga programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/pr health and/or the life and/or the health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Printed:

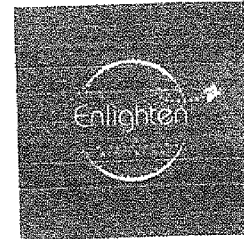
V&W - F

Signed:

Signature

Date: **29/7/24**

Enlighten
Yoga



	Name:	Name:	Name:
Adult or child	C3		
Important info			
Medical	N/A		
Allergies	N/A		
Photo permission	✓		
Emergency contact	C3-F	DPA	

Liability Release

In exchange for permission for me and/or my child to participate in Enlighten yoga classes, I hereby grant the following release from liability on my own behalf and on behalf of my child.

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless Leanne Lucas and Enlighten yoga, it's officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in Enlighten yoga programme or classes.

In the event that I and/or my child becomes ill or injured during or as a result of participation in the Enlighten yoga programme or classes, I hereby authorise the Released Parties to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and/or health and/or the life and/or the health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Printed:

C3-F

Signed

Signature

Date:

22/7/24