

~WRIGHTWOOD YOGA SHACK KIDS YOGA~

Little Warriors

Parent / Guardian Full Name: _____

Emergency Contact # (cell): _____

Address: _____ P.O. Box _____

Email: _____ Home Phone #: _____

Agreement of Release & Waiver of Liability

I, _____ (please initial), hereby agree to the following:

That my child is participating in the Yoga Classes offered by WRIGHTWOOD YOGA SHACK during which they will receive information and instruction about Yoga. I recognize that Yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in the Yoga Classes. I represent and warrant that he/she is physically fit and has no medical condition that would prevent their full participation in the Yoga Classes. _____ (please initial)

In consideration of being permitted to participate in the Yoga Classes, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which he/she might incur as a result of participating in the Yoga Classes. _____ (please initial)

In further consideration of being permitted to participate in the Yoga Classes, I knowingly, voluntarily, and expressly waive any claim I may have against WRIGHTWOOD YOGASHACK and/or its instructors for injury or damages that my child may sustain as a result of participating in the Yoga Classes. _____ (please initial)

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

As Legal Guardian of (please print):

Child's name: _____ Age: _____ B-Day _____

Child's name: _____ Age: _____ B-Day _____

Child's name: _____ Age: _____ B-Day _____

I fully and voluntarily consent to the terms and conditions stated above:

Date: _____ Parent/Guardian Signature: _____