



Kids Yoga Information Form and Release Waiver

Parent's Name: _____ Child's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Please list any health conditions that we should know about for teaching your child yoga.
(including allergies) Has your child had any surgeries in the past year?

Please let us know any particulars about your child that you feel would be helpful for us to know.

YOGA ON YORK Release and Waiver of Liability

I, the parent or legal guardian of below-named student, a minor, understand that my child will be participating in a yoga class or classes at YOGA ON YORK, LLC during which he/ she will receive instruction about yoga and actively participate in yoga exercise. I understand that yoga requires physical movement and bodily exertion which may result in an accident of physical injury. In consideration of being permitted to participate in YOGA ON YORK, LLC classes, I, for myself and the student and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify YOGA ON YORK, LLC, the owners, and the instructors from and against all claims liabilities, damages or causes of action arising out of or in connection with my child's participation in the classes, without limitation.

Print Name of Parent / Guardian

Print Name of Student

Signature

Date

As the parent/ guardian of below-named student, I hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the well-being of my dependent.

Signature of Parent / Guardian

Date

Photo Release: I give consent for my child's picture to be taken and use to promote YOGA ON YORK. _____
Signature of Parent / Guardian