



## YOGA LIABILITY WAIVER FOR CHILDREN & ADULTS

I hereby agree to the following:

I and/or my child has permission to attend a yoga class from Movement, Mindfulness and Me, LLC.

I and/or my child are participating in classes or services during which we will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion, which 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 and/or my child's participation in any physical fitness program, including yoga. I represent and warrant that I and/or my child have no medical condition that would prevent us from participation in physical fitness activities.

In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which I and/or my child might incur as a result of participating in the program. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I and/or my child may have against the instructor, the owner, or the leaseholder of the building for injuries or damages that I and/or my child may sustain as a result of participating in classes or workshops conducted by Movement, Mindfulness and Me, LLC.

If I and/or my child participates in other classes or events at Movement, Mindfulness and Me, LLC, I will also assume full responsibility for any injuries that may result from our participation, with the same considerations that this waiver stipulates for yoga.

For classes taken with an instructor that is also a medical professional, my signature below further acknowledges that in this setting the instructor is acting solely as a yoga instructor.

**PHOTO RELEASE:** I give my permission for Movement, Mindfulness and Me to use my or my child's image (photo or video) for website or newsletter and teaching seminars. I and/or my child will not be identified by name in such images.

*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*

\_\_\_\_\_  
Name, Parent's or Guardian's Name

\_\_\_\_\_  
Child's Name if applicable

\_\_\_\_\_  
Name, Parent's or Guardian's Signature and Date

\_\_\_\_\_  
Child's Date of Birth

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Email Address (Parent's or Guardian's if applicable)

Please list any medical concerns the yoga teacher should be aware of:

\_\_\_\_\_  
How did you hear about this class?