**AGREEMENT FOR RELEASE & WAIVER OF LIABILITY OF CHILD PARTICIPANT**

I (print name) understand that yoga includes physical movements, as well as an opportunity for relaxation, stress re-education & relief of muscular tension. As is the case with any physical activity, the risk of injury – even serious or disabling – is always present & cannot be entirely eliminated.
 Please practice yoga mindfully & enjoy the many benefits of practicing. It is your responsibility to inform the yoga instructor of your child’s physical &/or emotional limitations before the class begins. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended & is not safe under certain medical conditions. It is therefore recommended that prior to beginning *any* exercise regimen, your child is seen by his/her physician.

By completing this waiver of liability, I affirm that I alone am responsible to decide whether I &/or my child are fit to practice yoga. **I also understand that supportive & encouraging touch, massage, in addition to partner & group interaction; are an integral part of this class**.

I HEREBY WAIVE ALL LIABILITY & RELEASE the yoga instructor & all other instructors from any claim, demand, & cause of action of any nature resulting from or related to my child’s participation in any of the yoga classes, workshops or other activities offered. In consideration of my child’s participation & taking part in these activities, I understand & acknowledge that I am fully responsible for any & all risks, injuries or damages, known & unknown, which might occur as a result of my child’s participation in the yoga classes & other activities.

I HAVE READ THE ABOVE RELEASE & WAIVER OF LIABILITY & FULLY UNDERST& ITS CONTENT. I AM LEGALLY COMPETENT TO SIGN & VOLUNTARILY AGREE TO THE TERMS & CONDITIONS STATED ABOVE.

As Parent or Legal Guardian of the above named child, I consent to the terms & conditions listed above on behalf of my child or children.

Child’s Name:

Your Name:

Relationship to Above-Named Child:

Signature:

Date Signed:

Name/Phone of Emergency Contact: