

KIDS YOGA WAIVER

Child's Name: _____ Birthday: _____

Parent/Legal Guardian Name: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Please List all known Injuries, Medical Conditions, Including Food Allergies and/or Drug Allergies:

Please List any and all medications given regularly:

In Case of Emergency, please contact (other than self): _____

Relationship to Child/Children: _____ Phone #: _____

Physician's Name: _____

Phone #: _____

Please list three adjectives to describe your child:

Reason for Child Taking Yoga: _____

How did you hear about us: _____

I, _____ hereby give my permission for my child/children _____ to participate in yoga classes at Dance Academy North taught by Teal Terrell DBA The Way To Heal. I further authorize, without my prior approval, the rendering of any emergency medical treatment and cost involved that may become necessary due to my child's participation in yoga classes. I recognize that it is my responsibility to inform the instructor of any serious illness or injury that my child has or may have before every yoga class.

In consideration of the permission granted to me for my child to participate in yoga classes, I do hereby agree, on my own behalf, my heirs or legal representatives not to sue and forever release Teal Terrell DBA The Way To Heal, its owners and operators as well as Dance Academy North, from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, known or unknown, including death, that may be sustained by the participant while in or upon the premises or any premises under the control and supervision of Teal Terrell DBA The Way To Heal and Dance Academy North, its owners and operators or in route to or from any of said premises.

If class is cancelled by instructor, there will be a makeup class at the end of the 6 week session with advanced notice. If your child misses class that is regularly scheduled, there is no makeup class.

I realize that my child is participating in yoga classes at my own risk. My signature is binding to this liability waiver from this day forth. I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences.

Parent/Legal Guardian Signature

Date