

NATURE TEACH KIDS YOGA LIABILITY WAIVER & INTAKE FORM

I hereby agree to the following:

My child has permission to attend a Nature Teach Kids Yoga class.

Please convey the following information to your child: Asana (yoga posture) means posture easily held. If it's too hard or if it hurts, you can stop! You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

CHILD WAIVER (TO BE SIGNED BY THE ADULT PARENT OR GUARDIAN)

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. My child is participating in classes or services during which she/he will receive information and instruction about yoga and health. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in any physical fitness program, including yoga. I represent and warrant that my child has no medical condition that would prevent her/his participation in physical fitness activities.

As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. 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. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether I or my child are fit to practice yoga. I also understand that supportive and encouraging touch, partner and group interaction is an integral part of this class. I hereby agree to irrevocably release and waive any claims that I and/or my child/children, now or hereafter, may have against Joelle Jorissen and Nature Teach LLC.

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 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 may have against Joelle Jorissen and Nature Teach LLC.

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

Parent's or Guardian's Name

Child's Name

Parent's or Guardian's Signature and Date

Child's Date of Birth

Child's Gender

Parent's or Guardian's Phone Number

Parent's or Guardian's Email Address

Emergency Contact:

Name: _____

Phone: _____ Relationship: _____

If the child is currently experiencing any medical conditions (e.g. injury, asthma, epilepsy...) that the instructor should be informed of please specify here:

If the child is currently taking medications or has serious allergies that should be made known to medical personnel in case of an emergency, please indicate them here:

If the child has any food allergies the instructor needs to be aware of, please list below:

Anything else you feel might be important for the instructor to know please list here:

NATURE TEACH KIDS YOGA PHOTO RELEASE

I give Nature Teach LLC permission to use photographs of my child for any promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

PARENT'S OR GUARDIAN'S SIGNATURE

DATE