

Love Yoga Center Release Form for Minors

Minor #1 Name: _____ Birthdate: _____ Age: _____
Minor #2 Name: _____ Birthdate: _____ Age: _____
Minor #3 Name: _____ Birthdate: _____ Age: _____
Minor #4 Name: _____ Birthdate: _____ Age: _____

Parent(s) or Legal Guardian(s) Names & Phone # in the order we call 1st to last:

Mother/Father _____ Ph# _____ Ph# _____
Mother/Father _____ Ph# _____ Ph# _____
Legal Guardian _____ Ph# _____ Ph# _____

Do any of your children have any physical injuries or health conditions? **YES or NO**
If YES, Which Child (#1-4) please explain.

Behavioral/Emotional Concerns for each child (#1-4):

Are any of your children taking any medications? **YES or NO** If YES, please list child (#1-4) the medications and for what condition they are being taken.

I, _____, the undersigned, attest that I am the parent or legal guardian for the child named above and have answered all questions honestly and to the best of my knowledge. I understand that yoga injury, even serious or disabling, is always present and cannot be eliminated entirely.

Yoga is not a substitute for medical attention, treatment or diagnosis. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Love Yoga Center and its instructors on behalf of my child/ward and myself.

Parent(s) or Legal Guardian (s) Signature -

Date: _____

Love Yoga Center
Photo/Audio/Video Release
4949 Tamiami Trail N. #204
Naples, FL 34103
239-692-9747

I, _____, as Parent or Legal Guardian, hereby
CONSENT / DO NOT CONSENT to and authorize the use and reproduction of all photographs
and other audiovisual materials taken of my child/children, _____
_____,
for extending education to our Love Yoga Center teachers and or any other use for the benefits
of Kids Yoga program.

Signature: _____

Date: _____