

## Love Yoga Center Release Form for Minors

**Minor's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Parent(s) or Legal Guardian (s) Names:**

\_\_\_\_\_  
Mother/Father H: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother/Father H: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Legal Guardian H: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency Contact Information:** Whom should we call first and whom next

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Does your child have any physical injuries or health conditions? YES or NO

If YES, please explain. If more room is needed, use the back of this page.

\_\_\_\_\_  
\_\_\_\_\_  
Behavioral/Emotional Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
Is your child taking any medications? YES or NO

If YES, please list 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, \_\_\_\_\_, for  
extending education to our Love Yoga Center teachers and or any other use for the benefits of  
Kids Yoga program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_