

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: _____
Minor #5 Name _____ Birthdate: ___/___/___ Age: _____

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

Mother/Father _____ Email _____ Ph# _____
Mother/Father _____ Email _____ Ph# _____
Legal Guardian _____ Email _____ 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/children named above and have answered all questions honestly and to the best of my knowledge. I understand that classes, workshops, and events offered by Love Yoga Center (Narayani Enterprises LLC), at the studio or an alternate location, may include physical movements. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be eliminated entirely.

By signing, I affirm that I am responsible to decide for the child(children)/ward(s) listed above whether to participate in classes, workshops, and/or events offered by Love Yoga Center and I accept responsibility for any associated risks. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Love Yoga Center, the center's teachers, owners, and other participants and hereby indemnify and hold harmless Love Yoga Center, the center's teachers, owners, and other participants from any and all claims, actions, causes of action, suits, debts, dues, sums of money, accounts, agreements, promises, damages, judgments, executions and demands whatsoever, in law, admiralty or equity in account of any injury or damage, on behalf of my child (children)/ward(s) and myself.

Parent(s) or Legal Guardian(s) Signature

Date: _____

Love Yoga Center
Photo/Audio/Video Release

Love Yoga Center (DBA) Narayani Enterprises LLC
4949 Tamiami Trail N. #204,
Naples, FL 34103
239-692-9747

I, _____, as Parent or Legal Guardian, hereby consent to and authorize the use and reproduction of all photographs and other audiovisual materials taken of my child(children)/ward(s), _____, _____, _____, _____,

for extending education to our Love Yoga Center teachers and or any other use for the benefits of Kids Yoga program.

Parent(s) or Legal Guardian(s) Signature

_____ Date: _____