

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

1st _____ 2nd _____

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: _____