

Yoga Class Details / Waiver for School Year 2018-2019

CHILD / PARENT DETAILS:

Name: _____ Age: _____ Male/Female _____

Name of parent/guardian: _____

Address: _____

City: _____ Zip Code: _____

Telephone: _____ E-mail: _____

EMERGENCY CONTACT AND TELEPHONE NUMBER:

Home: _____ Cell: _____

_ 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:

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 anytime 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, the undersigned parent or guardian, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. In the case where my child has an injury, sickness or anything else that may be affected by physical activity, I have consulted with a physician to ensure my child can take yoga classes. I recognize that it is my responsibility to notify the instructor of any serious illness or injury before every yoga class.

In further consideration of permitting my child to participate in the yoga class, I knowingly, voluntarily and expressly waive any claim I may have against Marisa Vargas, Sunny Hollow Montessori and its agents, employees and directors for injury or damages that my child may sustain while on the premises as a result of participating in the yoga class.

I, my heirs or legal representatives, irrevocably covenant not to sue and forever release, waive and discharge any other claims of any kind whatsoever against Marisa Vargas, Sunny Hollow Montessori and its agents, employees and directors for any personal injury, property loss or damage, or wrongful death, whether caused by negligence or otherwise, arising from participation in the yoga class.

I have read the above release and waiver of liability and fully understand its contents. This waiver is valid for multiple yoga sessions during the 2018-2019 school year. I voluntarily agree to the terms and conditions stated above.

I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of the class.

This Waiver may be delivered via facsimile or electronic mail (including pdf or electronic signature), and any document so delivered shall be deemed to have been duly and validly executed and effective for all purposes.

This form must be signed by a parent or guardian.

Parent / Guardian Signature

Date

PRINT Name of Parent / Guardian