

kids YOGA RELEASE FORM

ABOUT YOU

CHILD'S NAME:		DATE OF BIRTH:	AGE:
ADDRESS:		CITY:	STATE/ZIP CODE:
HOME PHONE:	CELL PHONE:	PARENT'S EMAIL ADDRESS:	
PARENT OR GUARDIAN'S NAME:		EMERGENCY CONTACT:	
HAS YOUR CHILD ATTENDED A YOGA CLASS BEFORE? IF YES, HOW OFTEN?			
HOW DID YOU HEAR ABOUT OUR OFFICE:			

AUTHORIZATION & RELEASE

I, _____, PARENT OF _____, HEREBY RELEASE AND HOLD OPTIMAL WELLNESS CENTER OF INDIANA, LLC, ITS OFFICERS, DIRECTORS, AGENTS, SUBCONTRACTORS, INSTRUCTORS, AND ALL OTHER INDIVIDUALS IN ANY WAY ASSOCIATED WITH OPTIMAL WELLNESS CENTER OF INDIANA, LLC AND/OR ANY OF THE PROGRAMS OFFERED AT OR BY OPTIMAL WELLNESS CENTER OF INDIANA, LLC HARMLESS FROM ALL CLAIMS OF ANY KIND WHATSOEVER THAT I MAY NOW OR AT ANY TIME IN THE FUTURE HAVE FOR DAMAGES OR INJURIES TO MY CHILD ARISING OUT OF THEIR ATTENDANCE AND/OR PARTICIPATION IN SAID PROGRAM, EVENT, OR ACTIVITY.

I CERTIFY THAT MY CHILD'S LEVEL OF PHYSICAL HEALTH AS DETERMINED BY MYSELF OR MY CHILD'S PHYSICIAN WILL ALLOW HIM/HER TO SAFELY PARTICIPATE IN THIS PROGRAM. I UNDERSTAND THAT CHILDREN'S YOGA CLASSES WILL INCLUDE SUCH ACTIVITIES AS YOGA POSES, MEDITATION, RELAXATION, CHANTING, SONGS AND GAMES. I UNDERSTAND THAT THE TEACHER WILL PROVIDE COMPETENT INSTRUCTION, AND ANY DEVIATION BY MY CHILD FROM THIS INSTRUCTION MAY CAUSE INJURY. I HEREBY AGREE THAT I WILL NOT MAKE CLAIM AGAINST THE INSTRUCTOR OR OPTIMAL WELLNESS CENTER OF INDIANA, LLC FOR ANY INJURY SUSTAINED TO MY CHILD.

I HAVE READ THIS RELEASE AND AM LEGALLY COMPETENT TO SIGN THIS STATEMENT.

SIGNATURE:	DATE:
PLEASE PRINT NAME CLEARLY	

PICTURE AUTHORIZATION

I approve photos taken of my child during yoga class and understand they may be used for educational or marketing materials, public presentations, or published online by Optimal Wellness Center of Indiana, LLC.

YES NO Signature _____

Optimal Wellness Center

A Creating Wellness Center

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