



Little Roots Yoga

Children's Yoga & Mindfulness Program

PARTICIPANT WAIVER, RELEASE & CONSENT FORM

Please read carefully and complete all sections before your child's first class.

1. Child & Family Information

Child's Full Name:

Date of Birth:

Age:

Class / Program Enrolled:

Parent / Guardian Name:

Relationship to Child:

Phone Number:

Email Address:

Home Address:

2. Health & Medical Information

Does your child have any of the following? Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Asthma or breathing difficulties | <input type="checkbox"/> Recent injury or surgery |
| <input type="checkbox"/> Joint or bone conditions | <input type="checkbox"/> Sensory processing differences |
| <input type="checkbox"/> Anxiety or attention challenges | <input type="checkbox"/> Epilepsy or seizure disorder |
| <input type="checkbox"/> Allergies (food, environmental, other) | <input type="checkbox"/> Other (please describe below) |

Please describe any checked conditions or special needs: _____

Current medications (if any): _____

3. Emergency Contact

Emergency Contact Name:

Relationship:

Phone:

Alternate Phone:

4. Waiver & Release of Liability

I/We, the undersigned parent(s) or legal guardian(s), understand that participation in yoga and mindfulness activities involves physical movement and certain inherent risks, including but not limited to muscle soreness, strains, or falls.

In consideration of my child being permitted to participate in Little Roots Yoga classes and activities, I/We hereby:

- Acknowledge the risks associated with yoga and physical movement activities for children.
- Release and hold harmless Little Roots Yoga, its instructors, staff, and volunteers from any and all liability, claims, or damages arising from my child's participation.
- Agree to inform the instructor of any changes to my child's health or physical condition prior to class.
- Authorize emergency medical treatment if I cannot be reached and immediate care is required.

5. Photo & Media Consent

Little Roots Yoga may occasionally photograph or video children during class for use in promotional materials, social media, or our website. Please indicate your preference:

- YES** — I give permission for my child's image to be used in Little Roots Yoga materials.
- NO** — I do NOT give permission for my child's image to be used.

7. Signature & Agreement

By signing below, I confirm that I have read, understood, and agree to all terms of this waiver and consent form. I certify that I am the parent or legal guardian of the child named above and am authorized to sign on their behalf.

Parent / Guardian Signature

Date

Printed Name

For Office Use Only

Thank you for joining the Little Roots Yoga family!

Questions? Contact us at Marcy@Littlerootsyoga.net • 774-287-9964 • Littlerootsyoga.net