



Soul Candy Project, LLC

parental yoga waiver

I _____ (**PRINT parent/guardian name**) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling is always present and cannot be entirely eliminated. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in any physical fitness program, including yoga. I represent and warrant that my child has no medical condition that would prevent her/his participation in physical fitness activities.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether my child practices yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Soul Candy Project, LLC.

Photo release ~ My child's photo may be published on our website, social media platforms & promotional materials in association with Soul Candy Project. **Initial here to approve:** _____

Please sign below in **blue** or **black** ink:

Signature of parent or guardian

Child(ren)'s name(s) ~ under 18 years of age

Mobile phone (in case we need to reach you)

Date

Email

Privacy Notice: No information about any child will be discussed or shared with any third party without written consent of the parent or guardian (if the child is under 18 years of age).