



Pencil on Paper Gallery, LLC Yoga Waiver & Release Form

Name of Child: _____ Age: _____

Birth Date: ____/____/____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education 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. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. By signing, I affirm that a licensed physician has verified the good health and physical condition of my child to participate in such a fitness program. In addition, I will make the instructor aware of any medical conditions or physical limitations before class.

I have read and fully understand and agree to the above terms of this Liability Waiver Agreement. I am signing this agreement voluntarily and recognize that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the State of Texas.

I am the parent or legal guardian of _____, a minor, and on the minor's behalf, and on my own behalf, and on the behalf of all other parents or guardians of the minor, I accept the release and waiver of liability at the top of this form as inducement for allowing my child, or this minor to participate in the yoga classes offered by Pencil on Paper Gallery, LLC. I represent that I have authority to give this release.

Signature of Parent/Guardian:

Date:
