



CHILDREN'S YOGA AND LIABILITY FORM

Parent/Guardian Name: _____ Date: _____

Child's Full Name: _____ Date of Birth: _____

Phone: _____ E-Mail: _____

Emergency Contact: _____ Phone Number: _____

Please list any applicable allergies, physical limitations, concerns, or goals:

Liability Disclaimer & Notice

I individually and as the parent/guardian of the minor child identified above hereby acknowledge the following notices and grant my child's instructor and Prokid Services the following release from liability:

- A. I acknowledge and fully understand that my child will be engaging in physical activities. I acknowledge and have been advised that it is my responsibility to consult with my or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full responsibility for any personal injuries sustained to myself or my child which may occur as a result in participating in this program.
- B. **I DO** or **I DO NOT (circle one)** allow Prokid Services Inc. permission to use photographs of my child for any yoga promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

Printed Name: _____

Parent/ Guardian Signature: _____ Date: _____