

# Be You Yoga

## Waiver and Release Form

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent/Guardian Name (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please list participant's health conditions, injuries, and allergies (food and medicine):

Please list all medications participant is currently taking:

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please let us know any particulars about the participant that you feel would be helpful for us to know.

Emergency Contact:

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### Be You Yoga Release and Waiver of Liability

#### **For Participants 18 years of age or older:**

I, the participant, am voluntarily participating in yoga and mindfulness classes, and I am participating in this activity at my own risk. I understand that I will be participating in classes during which I will receive instruction about a number of yoga and mindfulness exercises and actively participate in these. I understand that these practices may require physical movement, bodily exertion, and mental fortitude which may result in an accident of physical or psychological injury. In consideration of being permitted to participate in the class, I, for myself, and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify Be You Yoga, the owners, teachers, and staff, from and against all claims, liabilities, damages, or causes of action arising out of or in connection with my participation in the classes, without limitation.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **For Participants 17 years of age or younger, a parent or Guardian must be present:**

I, the parent or legal guardian of below named student, a minor, understand that my child will be participating in classes during which he/ she will receive instruction about a number of mindfulness exercises and actively participate in these. I understand that some of these practices require physical movement and bodily exertion which may result in an accident of physical injury. In consideration of being permitted to participate in the Children's Program, I, for myself and the student and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Be You Yoga, the owners, teachers, and staff, from and against all claims liabilities, damages or causes of action arising out of or in connection with my child's participation in the classes, without limitation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **Medical Consent**

As the above named participant or parent/guardian of the participant, I hereby give my consent for emergency medical treatment of the participant:

Signature \_\_\_\_\_ Date \_\_\_\_\_