

Children's Yoga Class Release Form

PLEASE PRINT CLEARLY

I understand that yoga is a physical activity that can result in a sprain or injury to my child. Via this Release Form, I have been advised to consult with my child's physician regarding any past or current health issues (including skin allergies or sensitivity) or injury that may affect my child's participation in yoga classes. I assume these risks and hold harmless YOGA JONES and PURE LOVE HOLISTIC ARTS and DEVON SOPHIA DELANEY, its owners, agents, employees and yoga instructors from any claim, cause of action or liability for damage arising from any personal injury, illness or other health issue caused to my child or other persons or property by my child's or my participation in these yoga programs and classes.

I, my heirs, assigns and legal representatives hereby release YOGA JONES and PURE LOVE HOLISTIC ARTS and DEVON SOPHIA DELANEY, its instructors, and affiliates from any liability associated with my or my child's participation in any classes provided.

Signature: _____

Date: _____

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EMERGENCY CONTACT INFORMATION

Child's Name: _____ Age: _____

Address: _____

Parent/Guardian Name: _____

Emergency Phone: _____ 2nd Phone: _____

Email: _____