



Student Waiver

For students under age 18

Today's Date: _____

Student First Name: _____ Last Name: _____

Students Birthdate: _____

Primary Parent Name/Contact #: _____

Alternate Parent Name/Contact #: _____

Does your child have any health concerns the instructor should be aware of (injuries, surgeries, conditions, etc):

If your child is currently taking any medications or has serious allergies that should be made known to medical personnel in case of an emergency, please list them here:

Please convey the following information to your child:

Asana (yoga posture) means posture easily held. If it's too hard or if it hurts, you can stop! You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day.

I, the undersigned parent or guardian, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. In the case where my child has an injury, sickness or anything else that may be affected by physical activity, I have consulted with physician to ensure my child can take yoga classes. I recognize that is my responsibility to notify the instructor of any serious illness or injury before every yoga class. In further consideration of permitting my child to participate in the yoga class, I knowingly, voluntarily and expressly waive any claim I may have against Yoga 4 You, its owners, partners, instructors or employees.

Parent/Guardian Signature: _____ Date: _____

Yoga 4 You and its instructors agree to keep all of the above information confidential.

(Rev. 9/10/17)