

Crystal Winter / Young Heart Yogis

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Child's Name: _____ Date of Birth: ___/___/_____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Does your child have any physical limitations that could be aggravated by exercise (i.e. back, neck, shoulder or knee problems)? If so, please explain: _____

It is your responsibility to inform the instructor of limitations before class begins.

Please read the following and ask if you have any questions.

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. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages, which may incur through participation.

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 my child's good health and physical condition 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 hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Young Heart Yogis / Crystal Winter, its owners, officers, employees, and instructors.

I have read and fully understand and agree to the above terms of this Agreement and Release of Waiver of Liability. 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 Colorado.

Print Parent's Name: _____ Phone: _____

Parent's email: _____

Parent's Signature: _____ Date: ___/___/_____



I hereby grant Young Heart Yogis permission to use photographs and/or video taken of my child in any and all of its communications and publications, including web-based publications related to the mission of Young Heart Yogis. I waive any right to royalties or other compensation arising or related to the use of the photos/videos.