

Yoga Waiver & Release Form For Bumble Bee Yoga

Child's Name: _____ Age: _____

Birth Date: ____/____/____

Parent or Guardian Full Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

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 Bumble Bee Yogi instructor. I will continue to breathe smoothly. I assume full responsibility for any and all damages for my child, 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 also affirm that I alone am responsible to decide whether my child can practice yoga and their participation is at my own risk. I hereby agree to irrevocably release and waive any claims that I have now or may have hereafter against Bumble Bee Yoga and it's instructors.

Bumble Bee Yoga



I acknowledge and fully understand that I, or my child, will be engaging in physical activities that may involve some risk of injury. 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 personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless Bumble Bee Yoga, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in the Bumble Bee Yoga program.

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

Signature:

Date:

Bumble Bee Yoga Photo Release Form:

OPTIONAL PHOTO RELEASE FORM

I hereby grant permission to *Bumble Bee Yoga* to use photographs and/or video of my child taken during yoga class at the location of the class in publications, news releases, online, and in other communications related to the mission of Bumble Bee Yoga.

Guardian Signature: _____

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