

FAMILY WAIVER

PLEASE PRINT CLEARLY



Parent's Name: _____

Child's Name: _____ DOB: _____

Allergies _____ Other Important Information _____

Child's Name: _____ DOB: _____

Allergies _____ Other Important Information _____

Child's Name: _____ DOB: _____

Allergies _____ Other Important Information _____

Address: _____ City, State, Zip _____

Parent's E-mail: _____

Phone: (home) _____ (mobile) _____

Additional Emergency Contact: (phone) _____

(name/relationship) _____

Doctor's Information: (name) _____ (phone) _____

How Did You Hear About Down Under Yoga: _____

WAIVER

I release and waive all claims for liability against Down Under Yoga, its owner, its landlords, its teachers, its employees, its independent contractors, and its agents, for all claims related to my participation in any class. I understand that Down Under yoga is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that the practice of yoga involves a risk of injury, which might result from my own actions or the actions, inactions or negligence of others. I take full responsibility for not exceeding the physical limits of my body, and for any injury or discomfort that may be experienced as a result of class at Down Under Yoga. I understand it is my personal responsibility to consult a medical doctor regarding participation in class. I agree to indemnify, reimburse, and hold Down Under Yoga harmless for all claims brought as a result of my involvement in class and to reimburse Down Under Yoga for any costs, expenses or damages. I understand this release and waiver is in effect forever and that I do not need to sign a new waiver each time I attend class. I give Down Under Yoga to use my image in any advertising or promotional material.

SIGNATURE: _____ DATE: _____