

RELEASE OF LIABILITY WAIVER FORM

I, _____, being over the age of eighteen and parent or legal guardian of _____, in consideration of the services to be provided by TRANQUIL LITTLE ONE, do hereby release and discharge said TRANQUIL LITTLE ONE it's officer,s owners and employees as follows:

- I understand that yoga is an activity that involves physical movements and opportunities for relaxation, stress reduction, and relief of muscular tension.
- As in the case with any physical activity, the risk of physical injury, whether minor or serious and disabling, cannot be entirely eliminated. I know of no physical or mental condition that would prevent my child from participating in yoga activities, exercises, or instruction. I will inform the instructor of any health or mental conditions that may prevent my child from safe participating in yoga by listing here:

- Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I understand that I alone am responsible for keeping the instructor informed of my child's health needs and deciding if he or she should practice yoga.
- I have fully read this Release of Liability Waiver Form carefully. I voluntarily give up certain legal rights and possible claims, demands, and right of action which are or may be related to or arise out of my child's participation in yoga instruction, and release TRANQUIL LITTLE ONE, it's officers, owners and employees from any omissions, acts or negligence of any sort.
- **I DO / DO NOT (please circle one)** give permission to use photographs or video of myself or my child for promotional purposes. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

By signing this Release of Liability Waiver Form, I acknowledge that I fully understand and voluntarily accept its statements.

Child's full name: _____ Date of Birth: _____

Parent(s)/Guardian(s) Full Name(s): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____