**Little Lights Children’s Yoga, Inc.**

**Little Lights Class**

CHILD WAIVER RELEASE FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being over the age of eighteen and parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration of the services to be provided by Little Lights Children’s Yoga, Inc ., I agree and authorize my child to participate in yoga under the following conditions:

* 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. My child has no physical or mental condition that would prevent my child from participating in yoga activities, exercises, or instruction. I understand that I am responsible to inform the instructor of any medical or physical conditions that may prevent or inhibit my child from safe participation in yoga and advise the instructor if my child is taking any medicines that may prevent him/her from participating in yoga.
* 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 am solely responsible for keeping the instructor informed of my child’s health and medical condition and deciding if he/she should continue to practice yoga based upon his or her current physical or medical condition. I hereby agree that I, my assignees, heirs, guardians, and legal representatives will not make claim against, sue or hold responsible Little Lights Children’s Yoga Inc., for injury or damage resulting from my child’s participation in any aspect of the Little Lights Class, including movement, meditation, or other activities.
* By allowing my child to participate, I am aware that participation in the Little Lights Class is a physical activity. I acknowledge that a certain minimum level of physical health, strength, fitness, and flexibility will be required of my child. I am giving my child permission to participate in these activities with knowledge of the risks of injury for which I will voluntarily assume. I acknowledge that I have read the waiver and agree to the terms outlined in this entire document.
* 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 of photograph or video to neither my child nor me.

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

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) Full Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_