

Pacific Meditation Center

Release and Waiver of Liability

Name_____

Child's Name_____

Address_____

City_____ State_____ Zip Code_____

Home Phone_____ Work Phone_____

E-Mail_____

Would you like to join our mailing list? _____ Yes _____ No

Limitations or Injuries_____

In An Emergency Contact_____

Please convey the following information to your child: Asana (yoga posture) means posture easily held. If it's too hard or if it hurts, you can stop! You may rest at any time during the class. It is important in yoga that you listen to your body, and respect its limits on any given day. I, the undersigned, parent or guardian, understand that Yoga is not a substitute for medical attention, examination, diagnosis or treatment. In the case where my child has an injury, sickness or anything else that may be affected by physical activity, I have consulted with a physician to ensure my child can take yoga classes. I recognize that it is my responsibility to notify the instructor of any serious illness or injury before every yoga class.

I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of the class. This form must be signed by a parent or guardian.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date