Yoga rocks kids™

BIRTHDAY PARTY RELEASE FORM

I, individually, and also as parent/guardian of the minor children listed below hereby acknowledge the following notices and grant to Yoga Rocks™, LLC the following release from liability and negligence:

I acknowledge and fully understand that the children listed below will be engaging in physical activities that may involve some risk of injury. I acknowledge that I have been advised to consult with these children's parents and/or physicians with respect to any past or present injury, illness, health problem, or any other condition or medication that may affect these children's participation in this yoga program. I assume the foregoing risks and accept personal responsibility for any and all personal injury sustained by my child or any of these children and discharge and hold harmless Yoga Rocks™, LLC, its owners, directors, members, officers, teachers, employees, and agents from any claim, cause of action or liability for damages arising from any personal injury to my child's person, the children's persons listed below, or other persons or property caused by these children's participation in the Yoga Rocks™ LLC program including the negligence of Yoga Rocks™, LLC.

In the event that any of the children listed below become ill or injured during or as a result of participation in the class, I hereby allow Yoga Rocks™, LLC to arrange for such emergency medical attention as they in their sole judgment may deem to be required to preserve these children's lives and/or health. I hereby release, discharge, and hold harmless Yoga Rocks™, LLC as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my property or these children's properties arising in connection with or as a result of such emergency medical treatment.

I understand and agree that there is a non-refundable $100 deposit due at the time of booking and I must cancel at least 5 days prior to scheduled party. I understand and agree that there are no refunds or cancellations after that date.

Names of Children attending Party on the _____ day of _____, 200___:

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Name of Parent _____ Name of child _____
Address _____
Phone _____ Cell _____ Email _____
Emergency Contact _____ Phone _____

Parent/Guardian Signature: _____ Date: _____