

YOGA LIABILITY WAIVER

I hereby agree to the following:

My child has permission to participate in an Alphabet Yoga class at Chesapeake Public Library.

My child is participating in classes or services during which she/he will receive information and instruction about yoga. I recognize that yoga requires physical exertion, which may cause physical injury, and I am fully aware of the risks involved. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in any physical fitness program, including yoga. I represent and warrant that my child has no medical condition that would prevent her/his participation in physical fitness activities.

In consideration of being permitted to participate in the yoga classes, I agree to assume full responsibility for any risks, injuries or damages, known and unknown, which my child might incur as a result of participating in the program. In further consideration of being permitted to participate in the yoga classes, I knowingly, voluntarily, and expressly waive any claim I may have against the City of Chesapeake system or its employees for injuries or damages that my child may sustain as a result of participating in classes.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above

Parent's or Guardian's Name

Child's Name

Parent's or Guardian's Signature and Date

Parent's or Guardian's Phone Number

Please list any medical concerns the yoga teacher should be aware of: _____
