



Student Yoga Registration and Release Waiver

*****This form can be mailed to Footprints Fitness, 21011 Parkwoods, South Lyon, MI 48178 with the \$10 class fee, checks to be made out to Footprints Fitness******

Parent/Guardian Name _____

Student Name _____ Age _____ DOB _____

Elementary School _____

Address _____

Home Phone _____ Cell _____

Email _____

Medical or Other Concerns we should be aware of _____

I _____, the parent or legal guardian of _____ (student), a minor, understand that we will receive instruction about yoga and actively participate in yoga exercise. I will be participating with my child in a yoga class. I understand that yoga includes physical movement and bodily exertion which may result in an accident or physical injury. In consideration of being permitted to participate in the class I hereby release and indemnify Footprints Fitness, and the South Lyon Area Youth Assistance from and against all claims, liabilities, damages or causes of action arising out of or in connection with my child's and my own participation in the classes, without limitation.

Parent/Guardian Signature

Date

Photo Release: I give consent for my child's picture to be taken and use to promote future programming of Footprints Fitness or South Lyon Area Youth Assistance.

Signature of Parent / Guardian