



## PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the yoga classes from Upside-Down Yoga Kids. I hereby certify that my child is fully capable of participating in the designated yoga and that my child is healthy and has no physical or mental disabilities or conditions that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless **Upside-Down Yoga Kids** teachers, and representatives for any injury that may be suffered by my child in the normal course of participation in the classes, whether the result of any incident or other cause.

Name of the Child: -----

E-mail: -----

Phone: -----

Parent/Guardian Signature: -----

Date: -----