



## LIABILITY WAIVER AND RELEASE

Please read carefully and print legibly. Thank you.

(Please Print) Child's Name: \_\_\_\_\_ Parent/ Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M\_\_ F\_\_ Current Grade: \_\_\_\_\_

Emergency Contact Name/ relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies or medical conditions your child has in the space provided: \_\_\_\_\_

Please include any other important information regarding your child that would be helpful for our instructors to know: \_\_\_\_\_

### Release of Liability:

1. I recognize that activities related to yoga, workshops, retreats and/or trips involve physical activities which may be strenuous and may cause injury. I understand that I must judge my own capabilities with respect to any activity. By my participation in any activity or practice taught at or by Root Down Yoga in any location, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, that I may incur.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any activity. I represent and warrant that I am physically and mentally fit and have no medical condition which would prevent my full participation in any activity. I acknowledge that it is my responsibility to inform the instructor of any injury or other condition that might affect my ability to participate in any activities, and to inform the instructor immediately if an injury occurs.

3. Although I acknowledge there is no obligation for any person to provide medical care during, prior to or after any activity related to Root Down Yoga. I hereby give permission for staff to provide first aid, administer prescribed or OTC medication as prescribed or directed by participant, and/or aid in seeking emergency medical treatment as needed. IN THE EVENT MEDICAL TREATMENT IS PROVIDED TO ME, I HEREBY WAIVE ANY CLAIM AGAINST ROOT DOWN YOGA, LLC, AMANDA ROUSH, NICHOLAS ROUSH, THEIR OFFICERS, EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS FOR ANY INJURY, DAMAGES OR DEATH CAUSED BY THE NEGLIGENT PROVISION OF SUCH MEDICAL CARE.

4. I, MY HEIRS OR REPRESENTATIVES RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE OR ASSERT CLAIM AGAINST ROOT DOWN YOGA, LLC, AMANDA ROUSH, NICHOLAS ROUSH, THEIR OFFICERS, EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS FOR ANY INJURY, DAMAGES OR DEATH CAUSED BY THEIR NEGLIGENCE. I KNOWINGLY, VOLUNTARILY AND EXPRESSLY WAIVE ANY CLAIM I MAY HAVE AGAINST ROOT DOWN YOGA, LLC, AMANDA ROUSH, NICHOLAS ROUSH, THEIR OFFICERS, EMPLOYEES, SUBCONTRACTORS AND/OR AGENTS FOR ANY INJURY, DAMAGES OR DEATH AS A RESULT OF PARTICIPATING IN ROOT DOWN YOGA, LLC'S ACTIVITIES OF ANY KIND.

5. I have carefully read this waiver and release, I understand that I have the opportunity to negotiate its terms with the owners and staff of Root Down Yoga. By signing this form, I voluntarily agree to the above terms, releasing Root Down Yoga from its own negligent acts.

As Parent or Legal Guardian of \_\_\_\_\_, I consent to the above terms conditions.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notes: Root Down Yoga (RDY) reserves the right to refuse service at any time. RDY may use any student related video, picture or audio recording for RDY's own purposes both public and private. RDY is not responsible for lost, stolen or damaged items.**