



**Indigo Yoga, After School Enrichment Yoga Program
Permission Slip and Waiver**

Name _____ DOB _____ Age _____

Email/phone# _____

Address _____

Guardian Signature _____

Guardian Name _____

LIABILITY WAIVER: As a participant in After School Enrichment Yoga Class provided by Indigo Yoga my son/daughter is in good health and has my permission to participate. The student will follow all instructions given to them by instructors as to when and how to perform yoga exercises. I fully understand that my child may injure his/her self in the After School Enrichment Yoga Class or any other yoga class at INDIGO YOGA and I hereby release Indigo Yoga from any liability now, or in the future including, but not limited to muscle strains, pulls, tears, broken bones, shin splits, and any other illness, soreness, or injury, however caused, occurring during or after my child's participating in the yoga exercise program. I understand that any yoga poses shall be performed at their own risk. I understand that in the course of yoga instruction the instructor may, at times, aid their posture with appropriate physical contact. I will not hold Indigo Yoga, its members, its instructors, employees, volunteers, or any others liable or responsible for any injuries or other losses suffered by me or my child in the course of yoga classes, instruction or other services rendered at Indigo Yoga. I knowingly, voluntarily and expressly waive any and all claims of any nature that the student may sustain while participating in yoga classes/instruction. I agree to waive my right to sue and assume all risks.

THIS FORM MUST BE HANDED IN PRIOR TO YOUR SON/DAUGHTER'S FIRST CLASS.