

Saule Yoga Minor Consent and Liability Waiver Agreement

1. I, _____

_____, grant my child, ______,

permission to participate in Saule Yoga Activities.

- 2. In consideration of participating in the Saule Yoga Activities, I agree and acknowledge that I am fully aware that participation in the Activity involves risks and I, on behalf of my child, accept the risks of participating. By signing this, I agree Saule Yoga is NOT responsible for any personal injury to any student, or any loss of personal property while attending classes at Saule Yoga and Saule Yoga will be held harmless.
- 3. I understand my child's physical limitations and will encourage them to stop or modify physical activity before becoming ill or injured. I recognize that the Activities may cause or aggravate a physical injury or medical condition. I am aware that it is advisable to consult a physician prior to participating in Saule Yoga Activities.
- 4. I hereby understand that Saule Yoga from time to time may photograph, video, or otherwise record Activities and place such photographs and videos on its Website or Social Media platforms. I understand and agree that me and/or my child, will not be compensated or receive additional consideration for consenting to the use of this media and that we will not be given a chance to receive, inspect or approve the promotional or marketing material, messages and/or content.
- 5. By signing this agreement, I verify I am the legal parent/ guardian of the client.
- 6. I acknowledge that I have carefully read this agreement and fully understand its contents. I voluntarily and knowingly agree to the terms and conditions stated herein on behalf of my child.

I also understand:

- 1. All payments are non-refundable or transferable for any reason, including but not limited to vacation, illness and injury.
- 2. The scheduling and content of activities may be changed on occasion.
- 3. My child will notify instructors immediately of any pain and/or major discomfort felt during any activity.

Please list anything you would like us to know about your child:

Minor's Name:

Parent/ Legal Guardian Name:

Signature: _____ Date: _____