

Yoga For Children With Special Needs

Liability Release

In exchange for permission for me and/or for my child to participate in the The Action Potential @ CMHA's, "Yoga For Children With Special Needs" Program and classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child. I, on my own behalf, and also as parent and/or guardian on behalf of the minor child identified below, release, discharge and hold harmless the Certified Yoga For Children With Special Needs Teacher, The Action Potential and Complementary Medicine & Healing Arts, its officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child's person, my person or other persons, and to my child's property, my property or other persons' property, arising out of or in connection with, or caused in any manner by my participation or my child's participation in the Yoga For Children With Special Needs Program or classes.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and/or now may have that may affect my and/or my child's participation and ability to participate in and to endure the Yoga For Children With Special Needs Program and classes. In the event that I and/or my child becomes ill or injured during or as a result of participation in the Yoga For Children With Special Needs Program or classes, I hereby authorize the Released Parties to arrange for such emergency medical attention as they, in their sole judgment, may deem to be required to preserve my life and/or health and/or the life and/or health of my child. I hereby release, discharge and hold harmless the Released Parties, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

Child's Name (print) _____

Legal Guardian/Parent's Name (print) _____

Legal Guardian/Parent's Signature _____

Date _____

To be signed by the parent for child under 18 years of age.

Parent's/Guardian's Address: _____

Phone Numbers: _____

Home _____

Work _____

Email _____