

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, _____, parent/guardian of _____

(Participant) AGREE AS FOLLOWS:

I am choosing of my own free will to allow my child to engage in Children’s Yoga. I am aware that participation in any activity, including Yoga, may result in accident or injury. I assume the risks connected with such activities for my child. By signing this form, I represent that my child is in good health and suffers from NO physical impairments that would hinder her/his ability to engage in Children’s Yoga.

I acknowledge that Angie Toman (Yoga instructor) is not a physician and has not, nor will ever, render any medical diagnosis or services in the course of the instruction.

I specifically agree to release, discharge, hold harmless, and indemnify Angie Toman and Franklin Sherman Elementary School from any action for personal injury arising from engaging in Children’s Yoga instruction.

On this _____ day of _____, 2009, I, the parent/guardian of Participant child, have read the above Liability Waiver and by executing such, agree to its terms. This agreement, not only binds myself, but also my family, heirs, assigns, administrators, and executors.

Parent/Guardian of Participant

Witness 1 Signature

Address

Witness 1 Printed Name

Phone Number

email