



South Riding Wellness Connection

A balanced approach to mental, physical, and spiritual health

Yoga Student Information and Waiver Agreement

Name: _____ Date: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Office Phone: _____

Cell phone: _____ Email address: _____

Emergency contact name and number: _____

Any health issues? _____

Pick up or escort to CASA? Pick up: _____ CASA: _____

Who has authorization to pick up your child? _____

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education, and relief of muscular tension. As is the case with any physical activity, the risk of serious injury is always present and cannot be entirely eliminated. I will therefore talk to my child to let them know if they experience any pain or discomfort, they will ask for support from the teacher.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible for my child to decide whether they should practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against and South Riding Wellness Connection and any of it's owners.

Signature of parent or guardian

Date