



Childs Name _____

Nickname: _____ Birthday: _____

Caregivers Name _____ Email: _____

Phone number: _____ School: _____

Please list all allergies, physical limitations, concerns, and goals:

Person(s) allowed to pick up child from the class:

I the undersigned parent or guardian of the minor child identified above hereby acknowledge the following notices and grant Little You Yoga LLC the following release from liability:

A: I acknowledge and fully understand that my child will be engaging in physical activity that may involve some risk of injury. I acknowledge that I have been advised that it is my responsibility to consult with my children's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation. I assume the foregoing risk and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in the program and discharge and hold harmless Little You Yoga LLC, its owner, employees, and grants from any claim, caused by myself or my child's participation in the little You Yoga LLC program.

C: Little You Yoga LLC has permission to use my child's photograph to promote Little You Yoga LLC. I understand that the images may be used in print publications, online publications, website, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. _____ (initial)

Parent/Guardian Signature: _____ Date: _____

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