

McCool Kids Yoga Liability Release

PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:

____ Parents are advised to check with a physician if there is any doubt regarding your child's participation.

_____ I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Medical Emergencies

_____ I fully understand that McCool Kids Yoga staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release McCool Kids Yoga staff to render first aid to my child/ward in the event of any injury or illness, and if deemed necessary by the staff, to have authority, at my expense, in the event I cannot be reached, to seek medical help, including transportation whether paid or volunteer, to any health care facility or hospital, and if necessary, I authorize medical treatment. I verify that my child/ward is in good physical condition and is capable of participating in the activities of yoga.

Photo/Media Release Initial one of the following

_____ I hereby give permission for images of my child, captured during the McCool Kids Yoga class through photo and digital camera, to be used solely for the purposes of McCool Kids Yoga promotional material and publications, and waive any rights of compensation or ownership thereto.

By signing below, I assume any risk of harm or injury, which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs, and damages which might arise from participation in the above named event or activity.

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____