



## Release from Liability for Negligence

In exchange for permission for me and/or for my child to participate in the Itsy Bitsy Yoga Program and classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child(ren).

I, on my own behalf, and also as parent and/or guardian on behalf of the minor child(ren) identified below, release, discharge and hold harmless the Certified Itsy Bitsy Yoga Facilitator and Spirit into Life, Inc., d/b/a/ Itsy Bitsy Yoga, its officers, directors, employees, agents, landlords, lessees, sponsors and franchisees (hereafter the "Released Parties") from any and all liability for injury to my child(ren)'s person, my person or other persons, and to my child(ren)'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(ren)'s participation in the Itsy Bitsy Yoga Program or classes.

I acknowledge I hereby have been advised to consult, and have consulted, with my physician and/or with my child(ren)'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(ren) now have, previously have had and/or now may have that may affect my and/or my child(ren)'s participation and ability to participate in and to endure the Itsy Bitsy Yoga program and classes.

In the event that I and/or my child(ren) becomes ill or injured during or as a result of participation in the Itsy Bitsy Yoga 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(ren). 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(ren)'s person or property arising in connection with or as a result of such emergency medical treatment.

1<sup>st</sup> Child's Name (print) \_\_\_\_\_

2<sup>nd</sup> 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.*