## Agreement of Release and Waiver of Liability Please print clearly \*Required information

\*Student Name (First & Last)

\*Student Date of Birth

\*School

\*Parent or Guardian Name (First & Last)

Email:

Phone:

## **Emergency Contact (if different)**

Check this box if you would like to receive our monthly E-mail newsletter, stay up to date with announcements about the class schedule, upcoming workshops and special events!

By signing this form, I understand it is my responsibility as the parent or guardian of my child to consult with a physician prior to and regarding any participation for my child in yoga classes and other activities. I agree to assume full responsibility for my child in regards to any risk, injuries, or damages, known or uknown, which may incur as a result of their participation in yoga classes and activities and Om Factory. I will be responsible for all personal items of myself and my child and will not hold Om Factory or any of its employees and affiliates responsible for effects in event of loss or theft.

\*Signature of Parent or Guardian (if under 18 years old) \*Date

