



Yoga Time with Emma Consent Form

I hereby agree to the following:

- My child has permission to attend a yoga class
- I recognise that yoga requires physical exertion, which may be strenuous and could cause injury, and I am fully aware of the risks involved.

I agree to photos and videos being used for marketing and Social Media: Yes/No

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Childs name:

Male/Female

Childs D.O.B:

Parent/Carers name:

Parent/Carers Signature:

Parent/Carers email:

Parent/Carers contact number:

Please list any medical concerns the yoga teacher should be aware of:

How did you hear about this class?