

Health/Waiver Form for Yoga Classes/Training with Mindful Roots Children The M.Y. Time Program Workshop

Name: (first, last) _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Emergency Contact Information (name/relationship/number):

Medical History – list any health concern that may impact your practice of yoga:

Photography and Video Release Information (check ONE box):

Mindful Roots Children **HAS** my permission to use my photograph or video for educational purposes, promoting health and wellness among children. I understand that the images may be used in print publications, online publications, presentations, websites, and social media.

Mindful Roots Children **DOES NOT HAVE** my permission to use my photograph or video for educational purposes.

RELEASE & WAIVER OF LIABILITY I agree to the following:

- The information I have provided above is complete and accurate.
- I understand that I am participating in yoga classes/training that is being offered by Karen Tripolitis during which I will receive instruction about yoga, mindfulness, health and wellness. I recognize that yoga requires physical exertion that can be strenuous. I am fully aware of the risks involved.
- I understand that it is my responsibility to consult with a physician prior to and regarding my participation in yoga conditioning. I warrant that I am physically fit and have no medical conditions that would prevent me from participating in this yoga training/class. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in this yoga training/class. I knowingly, voluntarily, and expressly, waive any claim I may have against Karen Tripolitis and Mindful Roots Children, LLC for injury or damages that I may sustain as a result of participating in this this yoga training/class.

Signature: _____ Date: _____

*Please send the completed forms to karen@mindfulrootschildren.com or return them to your school/ training organization by your training date.