



Agreement of Release and Waiver of Liability

I hereby authorize my child/children to participate in the ABC Yoga / Balanced Kids yoga program, under the supervision of Lisa Foster Clarke or any certified yoga instructor being offered at Center Point Wellness 350 Willow Grove Street Hackettstown, NJ 07840. During which time she/he/they will receive information and instruction on yoga, movement and health.

I recognized that yoga requires physical exertion, which may be strenuous and may cause physical injury and I am fully aware of the risks, injuries or damages, known or unknown, which my child or children might incur as a result of participating in the class. I represent and warrant that my child/children are physically fit and have no medical conditions which would prevent their full participation in the ABC Yoga/ Balanced Kids yoga program.

I knowingly, voluntarily and expressly waive any claim I or my child/children may have against the instructor or Center Point Wellness for any injury or damages that they may sustain as a result of participating in the ABC Yoga/ Balanced Kids yoga program.

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

Signature: _____ Date: _____

Print: _____

Child's Name:

- 1. _____ Age: _____
- 2. _____ Age: _____