

# Nydia's Yoga Therapy

4680 Lockhill Selma, Ste. B  
San Antonio, Texas 78249  
(210) 764-1616

## LIABILITY WAIVER

### YOGA FOR KIDS:

Monday & Wednesday

11:30am-12:30pm

8 class session:

July 6, 8, 13, 15, 20, 22, 27 & 29

Age of Children: 7-12 years.

Instructor: Vicky Colbert

### Registration Form & Waiver:

Child's name: \_\_\_\_\_

Parent: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any of the following physical conditions?

Diabetes  Any heart condition

High Blood Pressure  Glaucoma

Neck or back problems  Sciatica

Latex Allergy  Joint problems

Other: \_\_\_\_\_

(If any items above checked, please explain on back of sheet.)

How did you learn about the KIDS YOGA CLASS?

\_\_\_\_\_

I understand that my child \_\_\_\_\_ (print name) will be participating in a yoga class structured for kids. This class can include, but is not limited to participation in basic breathing techniques, performing various yoga postures, core strengthening activities, beginning meditation techniques and having fun. Yoga postures are designed to exercise every part of the body, stretching and toning the muscles and improving mobility to the joints, spine and entire skeletal system. Yoga incorporates sustained stretching and the holding of postures that helps to strengthen muscles, increase flexibility and mobility of the whole body. Yoga is an individual experience.

My signature acknowledges that I understand that the instructor(s) will encourage my child to progress at his/her own pace in the yoga class and to take rest if at any point he/she feels overexerted or fatigued. The instructor(s) will ask my child to respect his/her body's limitations and to take rest before continuing the yoga practice.

By signing my name below, I acknowledge that participation in Nydia's Yoga Therapy classes exposes my child to a possible risk of personal injury. I am fully aware of this risk and hereby release Nydia's Yoga Therapy, Nydia Tijerina Darby, Vicky Colbert and any other instructor who may teach at Nydia's Yoga Therapy from any liability, negligence or other claims arising from or in any way connected with my child's participation in the Kids yoga class.

I understand that my child will be encouraged to participate in the yoga class, as appropriate and that he/she will be encouraged to be respectful of the teacher and other students in the Kids yoga class. Unruly, unsafe, distracting or disrespectful behavior will not be tolerated by the instructor or Nydia's Yoga Therapy Studio and can be grounds for relinquishing participation in the Kids yoga class. I understand that it will be important to commit to full participation in each scheduled class since there are limited slots available.

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Nydia's Yoga Therapy, its instructors, officers, agents, employees, representatives and executors.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date