



RELEASE FROM LIABILITY FORM

As with all physical activities, there is a risk of injury to you and/or your child. It is required that the parent or guardian of children participating in BLOSSOMING YOGIS programs or classes carefully read this release of liability and completely fill out the information below. Thank you.

RELEASE: In case of emergency when I cannot be reached, I authorize the staff of BLOSSOMING YOGIS to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees. I hereby give my consent to my child's participation in BLOSSOMING YOGIS classes and hereby absolve, release and hold harmless BLOSSOMING YOGIS and SPIRIT INTO LIFE, INC and all of their officers, directors, shareholders, agents, representatives, attorneys, employees, owners, successors, assigns and other affiliates from any and all liability for any injuries or damages that my child may suffer in connection with the activities sponsored by BLOSSOMING YOGIS or in which my child may participate.

Parent's full name: _____

Home phone: - -

Emergency phone: - -

Child's name: _____ Birthday: / /

Child's name: _____ Birthday: / /

Email address:

Signature: _____ Parent / Guardian (circle one)

Date: / / Would you like to receive info about Blossoming Yogis programs? Yes / No (circle one)



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