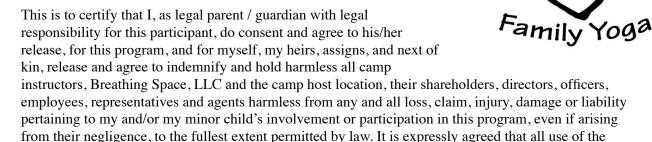
## CAMP WAIVER OF LIABILITY AND PHOTO RELEASE

Printed Name Of Participant



Photography Release: I understand that my child may be photographed while having fun at Breathing Space Yoga camps or classes. The photographs will be the property of Breathing Space, LLC and no compensation will be given to my child or me if these photographs are used by Breathing Space Family Yoga or owner Jennifer Mueller. I understand that no person whose image is used will be identified by name and the photographs will be used for promotional and training purposes only.

facilities and premises on and off-site (including but not limited to stairs, streets, parking areas, walkways, driveways, etc.) shall be undertaken at my and my minor child's own sole risk.

Breathing Space

Emergency Medical Treatment: I understand that in the case of emergency, my child will receive medical treatment at the nearest hospital. In the case that the emergency contacts I have provided are unreachable, I authorize a Breathing Space Family Yoga representative to seek medical treatment and make all related decisions on behalf of my child.

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.

Printed Name of Parent or Guardian	
SIGNATURE of Parent or Guardian  DATE	
Parent or Guardian Best Contact Number During Camp Hours	
Alternate Emergency Contact Name / Phone / Relationship to Participant	
Alternate Emergency Contact Name / Phone / Relationship to Participant	

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