

CAMP WAIVER OF LIABILITY AND PHOTO RELEASE



Printed Name Of Participant

This is to certify that I, as legal parent / guardian with legal responsibility for this participant, do consent and agree to his/her release, for this program, and for myself, my heirs, assigns, and next of kin, release and agree to indemnify and hold harmless all camp instructors, Breathing Space, LLC and the camp host location, their shareholders, directors, officers, employees, representatives and agents harmless from any and all loss, claim, injury, damage or liability pertaining to my and/or my minor child's involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law. It is expressly agreed that all use of the 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.

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.

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