

# Bitterroot Public Library

## Kids' Yoga Participation Waiver

Name(s) of child(ren) participating: \_\_\_\_\_

Birth Date(s): \_\_\_\_\_

### Parent/Guardian contact information:

- Name:
- Address:
- Phone:
- Email:

Please read the **Waiver, Release of Liability, Assumption of Risk Agreement** and sign below

- I believe that my child is qualified to participate in this program.
- I fully understand and will instruct my child that:
  - (a) The activities of this program may cause bodily injury
  - (b) The risk of injury may be caused by the child's own actions, or inactions, or the actions or inactions of others participating in the event.
- The Library will not be held responsible if injury does occur

**I have read and agree to the terms above**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_