Kids Yoga: Spring Awakening Workshop
Parent/Guardian Waiver & Consent Form

Dear Parent/Guardian,

Thank you for enrolling your child in our Kids Yoga: Spring Awakening Workshop. To ensure a safe and enjoyable experience, please read and sign the following waiver.

Child's Information

Full Name: _____
Preferred Name: _____
Age: _____
Emergency Contact Name & Number: _____
Medical Conditions/Allergies (including food allergies):

_____

Does your child have ambulance cover? ☐ Yes ☐ No

Is there anything you would like us to know about your child? (e.g., additional needs, preferences, sensitivities, or anything that will help us support them during the workshop):

_____
_____

Workshop Details & Permissions

1. Food & Allergies

I understand that snacks may be provided during the workshop.

I have listed my child's allergies above and acknowledge that while efforts are made to accommodate, I am responsible for ensuring my child's dietary needs are met.

☐ My child will bring their own food due to allergies/preferences.

2. Photo/Video Permission

I give permission for my child to be photographed or recorded during the workshop for promotional and educational purposes (e.g., website, social media, flyers).

☐ Yes, I approve.
☐ No, I do not approve.

3. Outdoor Activities at Kingston Park (Weather Dependent)

My child may participate in outdoor activities, weather permitting. If conditions are unsafe (e.g., storms, high winds, extreme heat), activities may be modified or moved indoors.

I understand there are inherent risks, including uneven terrain, changing weather, insect bites, and falling branches or trees.
Instructors will assess risks and provide supervision.

4. Sunscreen & Mosquito Repellent

I give permission for sunscreen and mosquito repellent to be applied to my child if needed.
☐ Yes, I approve the use of sunscreen and mosquito repellent.
☐ No, I prefer to provide my own.

5. Emergency & Liability Waiver

In the event of an emergency, I authorize the workshop facilitators to seek medical attention for my child.

I understand that ambulance services may be required in an emergency and acknowledge that I am responsible for any associated costs if my child is not covered.

I understand that my child is participating voluntarily, and I release the organizers and instructors from liability for any injuries, allergies, or unforeseen incidents, including those related to outdoor play risks such as falling branches or trees.

I confirm that my child is physically able to participate in yoga and physical activities.

Parent/Guardian Signature

By signing below, I confirm that I have read, understood, and agree to the terms above.

Parent/Guardian Name: _____
Signature: _____
Date: _____

Thank you for your cooperation. We look forward to a meaningful and enjoyable day.

If you have any questions, please contact: Deb on 0403341911 or Annie on 0408101386