



## **YOGA & NATURE DAY CAMP WAIVER FORM**

### **Participant Information**

**Participant Name** \_\_\_\_\_

**Parent(s)/Guardian(s) Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Name & Phone** \_\_\_\_\_

### **Participant Waiver & Liability Agreement**

I understand that there are risks associated with nature walks, hiking, yoga, and related activities. In consideration for the privilege to attend the camp, my signature indicates that I assume the risk of any injuries that myself or my child may sustain while participating in any activity during the camp and for any injuries which myself or my child may sustain while on the premises of Yoga Samadhi. I insure that I am or my child is physically and mentally able to participate in physical activities.

I give permission for camp leaders to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

\_\_\_\_\_  
**Print Name (Parent/Guardian if child is under 18)**

\_\_\_\_\_  
**Signature (Parent/Guardian if child under 18)**

\_\_\_\_\_  
**Date**