

Summer Camps for Children & Teens at Sun Moon Yoga, Please Fill out One form per Child per Camp (please print)

Camp Name and Dates: _____ Parent email: _____

Child Name _____ Age _____ School Grade Completed _____

Parent/ Legal Guardian Name _____ Phone # 1 _____ Phone # 2 _____

Consent for release for Pick-Up

I understand that my child is to be picked up each day on time. After care is not available. In the case that a child is not picked up, one or more of the following may apply: 1. Additional costs for emergency child care, 2. Emergency contacts may be called 3. Social agencies may be contacted. Children will only be released to a non-parental adult with written consent. I hereby give consent to the following person(s) to pick up my child after camp:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent/Guardian Signature _____ Date _____

WAIVER OF LIABILITY AND ASSUMPTION OF RISK In order to participate in the Camp, the parent(s), or guardian(s) of each child (participant) must submit a completed copy of this waiver, assumption of risk of all claims each may have, and the accompanying health, emergency contact and limited power of attorney in case of emergency form. I have agreed to allow my child/ward to participate in the Camp and affirm that my decision and my child/ward's participation are voluntary based upon my own evaluation of the appropriateness of the Camp program for my child/ward and my child/ward's appropriateness for the Camp . In consideration for Sun Moon Yoga accepting my child to participate in the Camp, I , _____, for myself ; my child /ward _____ ; and my heirs, personal representatives or assigns, do hereby waive, release , and hold harmless, its owners, management, staff /externs , and contractors from all claims of any kind that rise out of my child's participation in the program . I hereby discharge Sun Moon Yoga from all liability stemming from participation in the Camp, and covenant not to sue Sun Moon Yoga for any and all such claims. **ASSUMPTION OF RISK** : Participation in yoga inevitably carries certain inherent risks that cannot be eliminated regardless of the safety precautions and care taken to avoid injuries. The specific risks vary from one activity to another, but the risks inherent in Camp activities range from 1) minor injuries such as scratches , bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions; to (3) catastrophic injuries including paralysis and death. I have read the Camp literature, evaluated its appropriate ness for my child/ward, and acknowledge that I have had access to Sun Moon Yoga to ask any questions and resolve any concerns. I know, understand, and appreciate these inherent risks and assume sole, exclusive and full responsibility for my child/ward 's injury or harm any manner related to the Camp and its activities. To minimize risk, I have instructed my child/ward to obey all Camp rules, instructions, and staff directions to the best of his/her ability. **INDEMNIFICATION AND HOLD HARMLESS**: I also agree to indemnify and hold harmless Sun Moon Yoga from any and all claims, actions, results, procedures, costs, expenses, damages and liabilities, including attorney's fees brought by myself, my child/ward, their representative, or any other person or third party as a result of my child/ward's participation in the Camp program and to reimburse them for any such expenses, costs, and damages incurred. **SEVERABILITY**: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. **ACKNOWLEDGEMENT OF UNDERSTANDING**: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. **MEDICAL**: I understand that I should obtain health insurance for my child/ward coverage prior to participating in the Camp. I am providing the health insurance policy information in the attached medical treatment form as well as a photocopy of my child/ward's policy card. I further understand that I am solely responsible for my child/ward's medical expenses. I attest that my child/ward is in good physical health and I have disclosed on the written application any limitations to safe participation in the Camp for my child/ward including all conditions that require accommodation and medication. I understand that the Camp will not administer medications and that I am solely responsible for insuring that my child/ward is properly receiving his/her medication at all times during the Camp. **PHOTO RELEASE**: I give permission for photographs taken of me/my child/ward while participating in the Camp to be used in marketing/public relations material in the promotion of Camp. By signing below, I acknowledge that I have read, understand this waiver of liability, assumption of risk, and agree to its terms.

Parent/Guardian Signature _____ Date _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

My child/ward's health needs are covered by our family medical policy.

The policy Insurer is:

The policy Number is:

The policy Member Name is:

My child/ward's treating physician is:

The physician's office phone number is:

Emergency Contact #1 Name: _____ Phone#1: _____ Phone#2: _____ Relationship to Child:

Emergency Contact #2 Name: _____ Phone#1: _____ Phone#2: _____ Relationship to Child:

I hereby give my consent/authority to the Staff of the Camp to obtain the necessary emergency medical treatment for my child in the event that the family and/or emergency contacts cannot be reached. Family will be notified as soon as possible.
