



LIABILITY RELEASE & EMERGENCY TREATMENT FORM

In exchange for permission for me and/or my child.....(**insert name**) to participate in **YOGAPEBBLES** classes, I hereby grant the following release from Liability on my own behalf and on behalf of my child.

I acknowledge I hereby have been advised to consult, and have consulted with, my physician, and/or with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that I and/or my child now have, previously have had and /or now may have, that may affect my and /or my child's participation and ability to participate in and to endure the **YOGAPEBBLES** programme and classes.

In the event that I and/or my child(**insert name**) becomes ill or injured during, or as a result of participation in the **YOGAPEBBLES** programme and classes, I hereby authorise Lisa Greenough to arrange for such emergency medical attention as they, in their sole judgement, may deem to be required to preserve my life and /or health and/or the life and/or health of my child. I hereby release, discharge and hold harmless Lisa Greenough, as well as any person or entity that provides such emergency medical attention, from any and all liability in connection with any injury to my or my child's person or property arising in connection with or as a result of such emergency medical treatment.

PARENT/GUARDIAN'S NAME.....

SIGNATURE ON BEHALF OF MYSELF AND/OR MY CHILD

.....

DATE.....

