

University of Montevallo
Waiver, Release, and Authorization
Yoga for Girl Scouts of North Central Alabama



June 29, 2019
9:30-11:00am

I _____ am the parent or legal guardian of:
_____, who is a minor child.

I do recognize and acknowledge that there are certain inherent risks of injury associated with participation in the **Yoga for GSNCA** sponsored by the University of Montevallo Exercise and Nutrition Science Department, including but not limited to broken bones, sprains, strains, joint injuries, cuts, bruising, paralysis, permanent mental disability, or even death and these injuries may occur in some instances as the result of unavoidable accidents. I further understand I will be participating in flow yoga which involves, among other things, breathing and physical postures exercises, group and/or partner activities, games and guided relaxation/mediation.

I freely give my consent and agree that in consideration for allowing the above named minor to participate in **Yoga for GSNCA** and other educational, recreational, and health benefits, I waive, relinquish, release, and forever discharge UM and its Board, officers, agents, servants, and employees from any and all claims resulting from or arising out of my decision to allow the above named minor to participate in **Yoga for GSNCA** at the University of Montevallo June 29, 2019.

I further promise not to sue, and agree to indemnify and hold harmless UM and its Board, officers, agents, servants, and employees for any damage to person or property or any harm, mental or physical, should any occur, during the course of, as a result of, or in any way related to participation in **Yoga for GSNCA**, such should occur as a result of the above named minor's participation in **Yoga for GSNCA** at the University of Montevallo June 29, 2019.

In the event of accident or sickness, I expect to be contacted as soon as practical, but consent to allow the above named minor to be provided with emergency medical care and treatment offered by medical or paramedical personnel and authorize transportation for such purpose, should that be deemed reasonable and prudent. I further understand and agree that any cost associated with such medical care shall be my financial responsibility.

This waiver and release extends to my minor child's participation in **Yoga for GSNCA** at the University of Montevallo, in its entirety.

I am over the age of 19, have read this release, understand, and consent to all its terms. I voluntarily sign it with full knowledge of its significance.

Dated this the _____ day of _____, _____

Signature of Parent/Guardian

Parent/Guardian Printed Name