



Yoga Permission Slip

Yoga classes may be strenuous at times, and it is recommended that all participants are aware of the risks. In the event of an injury or illness, The Summit Academy is not responsible for any medical expenses that might be incurred. Should any accident or illness occur while my child participates with The Summit Academy during a yoga class, I acknowledge that I am personally responsible for any medical expenses which might be incurred.

By signing below, I hereby grant permission for _____ (Child's Name) to participate in yoga classes during their enrollment at The Summit Academy.

Parent / Guardian Name _____ Date _____

Parent / Guardian Signature _____ Date _____