



## ALLERGY WAIVER FORM

I, (parent name) \_\_\_\_\_ acknowledge the following facts, and that prior to enrolling my/our child, (child's name) \_\_\_\_\_ in Kids Yoga at the Bee Alive Yoga LLC, located at 230 W Wisconsin St. Portage, WI, we accept the obligations imposed herein and waive certain rights as explained herein:

1. I am aware that staff at Bee Alive Yoga LLC may use essential oils in class.
2. I am aware that staff at Bee Alive Yoga LLC may provide treats at the end of class.
3. I agree to notify the instructor if I and/or my child has any allergies related to food or plants.
4. I agree to take full responsibility and to not accuse/hold Bee Alive Yoga LLC or it's staff of any allergic reactions I and/or my child may suffer during or as a result of my attendance and/or practice at Bee Alive Yoga LLC.
5. My/Our child has the following allergies or herein condition (such as diabetes) that may require medication: \_\_\_\_\_

**6. I understand that I may bargain for a different waiver of liability terms. However, I hereby waive my right to bargain for a different waiver of liability terms. I have read this Waiver of Liability/Release and understand its terms. I know that I am giving up substantial rights by signing it but I do sign it freely and voluntarily.**

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_