



YHWH Yoga & Nutrition Childcare Waiver

Please fill your name: *

First Name	<input type="text"/>	Last Name	<input type="text"/>
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Date of Birth: * (MM/DD/YYYY)

MM	DD	YYYY
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You, the parent or legal guardian, of the child(ren) being cared for at YHWH Yoga & Nutrition agree to allow our staff to watch and administer care to your child(ren). You will inform staff of any allergies and/or special needs and care instructions to staff prior to caring for child(ren). We, the staff and affiliates, are not responsible or liable for anything that occurs to the child(ren) outside of our control. This can include but is not limited to any external factors such as natural disasters, unlawful acts against the studio, and anything else outside of our control.

You give us permission to assist your child(ren) in case of imminent danger or medical emergency. If we are unable to reach you for any reason, you give us permission to call for medical assistance, example being first responders.

If child(ren) cause any severe damage to YHWH Yoga & Nutrition premises and/or staff, parent will be liable for any and all damage(s).

We thank you for allowing us to watch your child(ren) and look forward to helping you and your little ones!

Minor 1 Name *

First Name	<input type="text"/>	Last Name	<input type="text"/>
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Minor 1 Date of Birth * (MM/DD/YYYY)(Maximum Age: 11)

MM	DD	YYYY
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Minor 2 Name *

First Name	<input type="text"/>	Last Name	<input type="text"/>
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Minor 2 Date of Birth * (MM/DD/YYYY)(Maximum Age: 11)

MM	DD	YYYY
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Minor 3 Name *

First Name	<input type="text"/>	Last Name	<input type="text"/>
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Minor 3 Date of Birth * (MM/DD/YYYY)(Maximum Age: 11)

MM	DD	YYYY
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Your signature *

Signature Date *

MM	DD	YYYY
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