



Childcare Waiver of Liability

Child's Name: In diapers?
Birth date: Permission to use bathroom alone?
Special Notes: Allergies:

Child's Name: In diapers?
Birth date: Permission to use bathroom alone?
Special Notes: Allergies:

Child's Name: In diapers?
Birth date: Permission to use bathroom alone?
Special Notes: Allergies:

Parent/Guardian Name:
Address:
Phone:
Driver's License #: State:
Emergency Contact: Phone:
Relation to Child:

I, _____, understand that by signing this waiver I release and hold harmless Bikram Yoga Epping and any of its employees, trustees, childcare providers and agents from any liability as a result of personal injury or property damage occurring while the above child/children is/are in their care at Bikram Yoga Epping

I understand that childcare services are provided only while I am present in the building and taking class.

I understand that failure to fill my registered spot will result in a \$10 charge.

I understand that if my child should become unconsolable during the class session, I am responsible to leave class and attend my child.

I have read and understand the Bikram Yoga Epping Childcare Policy.

Signature of Parent or Guardian

Date

