

**2009 Saturday Yoga Camp  
Holistic1 with Keema Walden, Ph.D.**

In order for a child to participate in Yoga camp, a parent or guardian must sign and return this form on or before the first day of camp.

**Release Form**

I hereby release Keema Walden, including her Board members, employees and agents, from any claims, damages, losses and/or expenses arising out of participation in Yoga camp activities and to assume all liability for any and all personal injury, illness or property damages that occurs as a result of participation in such Yoga camp activities. I also warrant that participation in this Yoga camp is voluntary and that the camper and I understand the inherent risks involved in Yoga camp activities and the camper agrees to obey all rules and policies mandated by Yoga camp personnel.

I have read and understand this Release Form prior to signing it, and I am aware that by signing this Release I am waiving certain legal rights I/my child may have against Keema Walden, her Board members, and staff.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**Medical Authorization**

I authorize Keema Walden and her representatives to consent to medical treatment of my child in case of an illness or injury in connection with a Yoga camp activity if the parents cannot be reached after a reasonable attempt to do so has been made. Such emergency treatment is to be administered by such physicians, medical personnel, hospitals, and/or clinics as may be selected by Keema Walden or her representatives. I understand the risks of such emergency treatment and I hereby release and hold not liable Keema Walden, her Board members, employees and/or agents from all liability which may arise from such treatment. I also agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with my child's attendance to this camp. I desire notification as soon as possible, by telephone or other appropriate means, of any such emergency or other circumstance likely to have an adverse effect upon my child's health, including notification of any emergency treatment or first aid administered. I desire Keema Walden to care for my child as if he or she was her own.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please initial all of the statements and sign below. Thank you!**

\_\_\_\_\_ I understand that Keema Walden needs at least 5 days notice of any changes to my child's schedule or I will be responsible for the full Yoga camp session fee.

\_\_\_\_\_ I understand that I should notify Keema Walden if my child will be absent from the program on a day when he/she is expected to attend.

\_\_\_\_\_ I understand that I need to physically sign my child both in and out of the program each camp day.

\_\_\_\_\_ I understand that I need to drop off my child to Keema Walden no earlier than 8:15 am and to pick him/her up no later than 11:00 am (for 8:45-10:45 am camp sessions).

\_\_\_\_\_ I also understand that there is a late pick up fee of \$1/minute after 11:00 am on Saturdays.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Photography/Videography Release Form**

In the event that Keema Walden, her staff, or news media take pictures of program activities to be used in Keema Walden's publicity or on her web-site:

\_\_\_\_\_ Yes, Keema Walden has my permission to use pictures of my child.

\_\_\_\_\_ No, Keema Walden may not use pictures of my child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Pick-up Permissions**

Only the person(s) listed below may pick-up my child from Yoga Camp only after presenting a valid driver's license for identification. (Don't forget to list approved parent and/or guardian.)

1. Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_