

Parent Name _____

Child/Teen Name: _____

Teen cell number: _____

Home Address: _____

Emergency Contacts:

Name: _____ Phone number: _____

Do you give Jena Baird and retreat assistant's permission to take your child to the hospital to receive medical attention in case of a emergency:

Name : _____ Signature: _____

I understand Jena Baird, Dharma Yoga Loft, therapists, and associates are not responsible for any incident or accident that may occur while on the retreat, participating in yoga, classes, workshops, stand up paddleboarding, surfing, hiking, or any activities. I hereby wave, absolve, indemnify, release, hold, and forever discharge Jena Baird, The Dharma Yoga Loft, and all teachers and associates from claim, cause of injury that may occur to me while participating in this retreat. I state that I have read and understand the condition while here on the retreat and off -site locations.

Signature: _____

Date: _____