



## Zooga Yoga Culver City | Camp Waiver Pick Up and Liability Waiver Form

Camper #1-Name: \_\_\_\_\_  
Last Name First Name Date of Birth

Camper #1-Allergies or anything we should be aware of:  
\_\_\_\_\_

Camper #2-Name: \_\_\_\_\_  
Last Name First Name Date of Birth

Camper #1-Allergies or anything we should be aware of:  
\_\_\_\_\_

### Primary Contact for Camper(s)

The following individual will serve as the primary contact for my child and I understand that my child may be released to him/her during his/her time at Zooga Yoga Camp.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s) Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

### Emergency Contact Information

In addition to the individual listed as the Primary Contact/Primary Pick Up, I understand that the following individuals will serve as Emergency Contacts. Additionally, I understand that my child may also be released to these individuals during his/her time at Zooga Yoga Camp (unless noted otherwise).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s) Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

### Alternative Pick Up Contact

In addition to the individuals listed above, I agree that my child may be released to the following individuals during his/her time at Zooga Yoga Camp (this includes carpool groups, babysitters, etc.). I understand that anyone other than the listed Primary Contact/Primary Pick Up picking up a child from camp will be asked to show a photo I.D. (e.g Driver's License, State I.D., etc.).

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s) Cell: \_\_\_\_\_ Other (home or work): \_\_\_\_\_

**PLEASE TURN OVER FOR PAGE 2.**



## Parent's Camper Assumption of Risk & Waiver of Liability Agreement

I hereby forever release and waive my right to bring suit against Zooga Yoga LLC and Zooga Yoga Enterprises Inc. and its owners, independent contractors, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to Zooga Yoga LLC's services. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

**A. I acknowledge and fully understand my child, will be engaging in physical activities that may involve**

**some risk of injury.** I acknowledge and have been advised that it is my responsibility to consult with me or my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my or my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result or participating in this program and discharge and hold harmless Zooga Yoga, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to my child or other persons or property caused by myself or my child's participation in the Zooga program. **B. I have read and understand all cancellation and refund policies listed on the Zooga Yoga website.** C. I agree that I authorize Zooga Yoga to charge my credit/debit card on file for all outstanding camp classes owed prior to camp. **D. I agree that my child will not attend camp if ill.** Please read sick policy online. **Post-covid policy includes mandatory health checks before children can attend camp.**

In consideration for permitting my child(ren) to participate in the Zooga Yoga Camp, **I voluntarily agree**, for myself, my heirs, executors and administrator, to the following:

**A. In the event that medical attention is needed for any of the minors listed above, I represent I have the authority to and hereby do grant permission for basic first-aid and assistance to be administered by Zooga Yoga staff.** In the event that professional medical treatment is required, I grant Zooga Yoga permission to call 911 and authorize medical care to be administered by a trained medical professional.

**B. To assume full responsibility for any risks or loss, or personal injury** that may be sustained by my child or any loss or damage to property owned by my child as a result of participating in the Zooga Yoga Camp.

**C. To release, waive, hold harmless, discharge, & agree not to sue** the persons or entity responsible for administering the Zooga Yoga Camp, Zooga Yoga, LLC., Zooga Yoga Enterprises, Inc. or its trustees, officers, employees, agents, owners, and staff from any and all liability, claims, actions, demands, expenses, attorneys' fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or me, or to any property belonging to my child or me, while participating in the Zooga Yoga Camp.

By signing below, I acknowledge that I agree to and understand all terms and conditions listed above.

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**Printed Name of Parent/Guardian**

**Signature of Parent/Guardian Date**