

Teen/Child Health Waiver for Course Participation
Angie Yetzke, LLC page 1

Please print, sign and bring to first session.

Teen/Child Name

Today's Date

Teen/Child Tel.

Parent/Guardian Name

Parent/Guardian Tel.

Parent/Guardian Email

Teen/Child Age

Name of course

Emergency Contact

Relationship

Tel.

Known medical conditions, Injuries, Health Concerns

I understand...

There is potential risk for injury in any form of physical activity, and I am allowing my child to participate with the approval of his or her healthcare provider. I assume all associated risk. I will alert Angie to any physical injuries or concerns that occur prior to, during or following a class or session. I will not hold Angie Yetzke, LLC or Angie Yetzke responsible for injury or death incurred by exercises learned or practiced by my child while participating in or following participation in her services.

Parent/Guardian Signature

Date