



**Childcare Waiver of Liability**

**Child's Name:**  
**Birth date:**  
**Special Notes:**

**In diapers?**  
**Permission to use bathroom alone?**  
**Allergies:**

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**Special Notes:**

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**Allergies:**

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

**State:**  
**Phone:**

I, \_\_\_\_\_, understand that by signing this waiver I release and hold harmless Bikram Yoga Portsmouth, Griffin Family Corporation 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 Portsmouth.

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 Portsmouth Childcare Policy.

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**Signature of Parent or Guardian**

**Date**