



KARMA YOGA – TEEN VOLUNTEERS

Name: _____

Age: _____ Birth Date: _____

Email: _____

Mobile Number: _____

Is this for Community Service Hours? YES NO

How did you hear about the Karma Yoga Teen Volunteer program?

Why are you interested in participating in the Karma Yoga Program?

Health Info

Please provide information regarding any current or past health conditions

(Physical and or Mental)

Name of Physician

Are you currently taking any medications? If yes, please state below.



LIABILITY RELEASE

..... (Student's name) would like to participate in the program. I hereby, intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release all claims for damages against the **Kinetix Program and Kallie Marcus**, their Boards of Trustees, Directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in this program.

Date: _____

Signature: _____

(Parent or Guardian if under the age of 18 years)

CONSENT FOR PHOTO/VIDEO RELEASE:

I agree that photographs and/or video material taken during the participation in any Kinetix Program may be used for promotional purposes.

Date: _____

Signature: _____

(Parent or Guardian if under the age 18 years)

Please note that this form and information is private and confidential and information will be only shared with those authorized to access it.