

**Third Space Wellness
Yoga Permission Slip for Minors**

By signing this form I acknowledge that

_____ (*first and last name of participant*) may participate in Third Space Wellness yoga, Pilates, fitness or other movement classes independently from an accompanying parent/legal guardian. I also acknowledge that he/she possesses both the interest in class and appropriate maturity level to practice independently alongside other class participants.

I recognize and respect that Third Space Wellness reserves the right to dismiss him/her, as any other participant, from any class or future classes if his/her independent participation is prohibiting his/her development of a healthy yoga practice, Pilates practice or other movement and fitness practice; or is disrupting others from doing so.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name (First and Last)