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**YOGA STUDENT INFORMATION FORM**

Please fill out completely. If something does not apply, write “N/A.”

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (important!) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (month/date/year)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any injuries, sicknesses, surgeries, ailments, aches, pains, etc. that may be important for your instructor to know about before you begin practicing yoga at The Center. These records are kept strictly confidential.

Have you ever taken yoga before? Please list what kind and where.

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Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver of liability and hold harmless agreement for Dr. Robyn Young: A Yoga and Meditation Studio**

1. In consideration for receiving permission to participate in the yoga class offered at The Center for Cancer and Blood Disorders (The Center), I agree to release The Center its subsidiaries and affiliates, owners, directors, officers, representatives, agents, servants, or employees, their heirs, successors, assigns, personal representatives or other representatives (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of actions whatsoever, either in law or in equity arising out of or in any way pertaining to any loss, damage, or injury, including death, that may be sustained by me or any of the property belonging to me, or otherwise, while participating in such activity, or while in or upon the premises where the activity is being conducted. The Waiver and Release stated herein shall apply whether or not such Waiver and Release of all such claims arises in whole or in part, or in any way involved the sole or contributory negligence of RELEASEES.

2. I am fully aware of the risks involved and hazards connected with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury including death, that may be sustained by me or any loss or damage of property owned by me, as a result of being engaged in such activity, whether such harm, in any manner, arise in whole or in part, or in any way involved the sole or contributory negligence of RELEASEES.

3. I further hereby agree to indemnify and hold harmless the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees that they may incur due to my participation in said activity. The indemnification stated herein shall apply whether or not such Waiver and Release of all such claims arise in whole or in part, or in any way involved the sole or contributory negligence of RELEASEES.

4. I understand that RELEASEES, including without limitation The Center, do not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed as broadly and inclusively as permitted by the present laws of the State of Texas and that if any portion hereof shall be held invalid, or unenforceable, it is specifically agreed that the remaining portion of the Agreement shall continue in full force and effect.

6. In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statement or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

7. I UNDERSTAND THAT I AM GIVING UP SIGNIFICANT LEGAL RIGHTS AND I HAVE CONSULTED WITH AN ATTORNEY TO THE EXTENT I CONSIDER NECESSARY.

8. I grant permission to The Center to use my image (photographs and/or video) in The Center’s publications and video productions. I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature (if over age 18)