



Houston Yoga & Ayurveda Ashram Inc.

13602 Kluge Rd Cypress, Texas 77429

Tel: 281-256-8461

Yoga Student Profile

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Emergency Contact _____

Date of Birth: _____ Email: _____

Would you like to receive our discounts, special events and yoga updates via email? No/ Yes

How did you hear about us? _____ Have you practiced yoga before? No /Yes

Please list and notify the yoga instructor of any previous or current health conditions or injuries

Hypertension or High Blood Pressure No /Yes _____ Stress: Diagnosed No / Yes _____

Lower Back Pain/Injuries No /Yes _____ Upper Back Pain/Injuries No/ Yes _____

Neck Pain/Injuries No /Yes _____ Knee Pain/Injuries No/ Yes _____

Wrist Pain/Injuries No /Yes _____ Eye Disorders No /Yes _____

Ear Congestion/Infection No /Yes _____ Sinuses or Allergies No /Yes _____

Arthritis No /Yes _____ Surgeries? Complications _____

Cancer No/Yes _____ Other Illnesses _____

Women only- Are you pregnant? No /Yes _____ Have midwife/ doctor's consent No/ Yes _____

IF NO, please clear with Doctor/Midwife.

Comments: _____

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

HEREBY AGREE TO THE FOLLOWING:

Participant, is aware that participation in Yoga, Ayurveda, or other physical activity may result in accident or injury, and Participant assumes the risk connected with the participation in Yoga, Ayurveda or other physical activities, and represents that Participant is in good health, does not have an infectious diseases or knowingly is transmitting such. Participant suffers from no physical impairment which would limit their safe participation in yoga class. Participant acknowledges that the yoga instructor has not and will not render any medical services including medical diagnosis of Participant's physical condition. I agree to any pictures taken at the center be used for campaigns and educative purposes. PARTICIPANT SPECIFICALLY AGREES THAT HOUSTON YOGA & AYURVEDA, IT'S OFFICERS, EMPLOYEES AND AGENTS SHALL NOT BE LIABLE FOR ANY CLAIM, DEMAND, CAUSE OF ACTION OF ANY KIND RESULTING FROM OR ELATED TO PARTICIPANT'S USE OF THE FACILITIES WHERE CLASS IS HELD, OR PARTICIPATION IN ANY EXERCISE OR ACTIVITY WITHIN, OR WITHOUT THE FACILITY'S PREMISES, OR LOSS OR DAMAGE TO YOUR PROPERTY ON HOUSTON YOGA & AYURVEDA WELLNESS CENTAND CLIENT AGREES TO HOLD THE OWNER AND WELLNESS INSTRUCTORS HARMLESS FROM SAME. I HAVE READ ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS.

I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

SIGNATURE OF PARTICIPANT

Name _____

Date _____