



Houston Yoga & Ayurveda Ashram Inc.

13602 Kluge Rd Cypress, Texas 77429

Tel: 281-256-8461

Yoga / Ayurvedic Student/Client 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/Upper Back Pain/Injuries No /Yes _____ Neck Pain/Injuries No/Yes _____

Knee Pain/Injuries No/ Yes _____ Wrist Pain/Injuries No /Yes _____

Eye /Ear Disorders No /Yes _____ Sinuses or Allergies No /Yes _____

Arthritis No /Yes _____ Surgeries? Complications _____

Cancer No/Yes _____ Women only- Are you pregnant? No /Yes

Have midwife/ doctor's consent No/ Yes___ IF NO, please clear with Doctor/Midwife.

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I understand that yoga, ayurveda, massage, holistic healthcare includes physical movements as well as an opportunity for relaxation, stress re-education, and relief of muscular tension. I acknowledge that yoga and ayurveda is an exploration of a person's physical and mental potential and that my participation in yoga class, training, or other session can cause serious injury, property damage, or even potential death. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the teacher. I will continue to breathe smoothly. Yoga and Ayurveda are not a substitute for medical attention, examination, diagnosis, or treatment. Yoga or Ayurveda may not be recommended and may not be safe under certain medical conditions. I understand that HYA has taken considerable steps to lessen the possibility of infections at the facility. Participant acknowledges that they will not visit HYA if they are knowingly carriers of infectious diseases.

With a full understanding of the potential risks, I hereby assume the risks of participating at HYA. I affirm that I alone am responsible for deciding whether to practice yoga or ayurveda or other offerings at HYA. I understand that the facility is located in a nature reserve and that I am responsible for all personal injury and damage of personal property. I am at least 18 years old and mentally competent to enter into this agreement. I hereby agree on behalf of myself, heirs and next of kin to irrevocably waive, release and discharge any claims and/or liabilities for death or personal and property injury or direct or indirect damages of any kind, except that which is the result of gross negligence and/or wanton misconduct of the persons owning or employed by Houston Yoga and Ayurveda Wellness Center LLC.

I AGREE NOT TO SUE ANY OF THE PERSONS OR HYA FOR ANY CLAIMS, LIABILITIES OR DAMAGES THAT I HAVE WAIVED, RELEASED OR DISCHARGED HEREIN. I INDEMNIFY AND HOLD HARMLESS THE PERSONS AND HYA FROM ANY CLAIMS MADE OR LIABILITIES ASSESSED AGAINST THEM BECAUSE OF MY OR THEIR ACTIONS .

SIGNATURE OF PARTICIPANT

Date: