



# Liability Form

1. As an attendee of the yoga class, I hereby consent to my voluntary participation in the Yoga sessions conducted by VYASA-USA (Vivekananda Yoga Anusandhana Samsthana) Houston and Hindu Temple of the Woodlands (HTW).
2. I hereby acknowledge that the Yoga class will include various yogasanas (physical postures), pranayama, meditation and activities that may expose me to the risk of bodily injury. Accordingly, I hereby further acknowledge that with my participation, I have assumed the risk of bodily injury to me.
3. In the event I suffer bodily injury in the yoga class, I hereby authorize VYASA-USA Houston, HTW and its officers, directors, representatives, agents, yoga instructors and volunteers to authorize any emergency medical or surgical treatment deemed to be in the best interest of me if I am unavailable or otherwise unable to do so. I hereby further agree to assume full responsibility for the payment of all fees and expenses incurred for any such emergency medical or surgical treatment received by me.
4. I hereby agree to **RELEASE, INDEMNIFY, AND HOLD HARMLESS** VYASA-USA Houston, HTW and its officers, directors, representatives, agents, yoga instructors and volunteers ("the Indemnified Parties") from all claims for damages or injunctive relief resulting from my participation in the yoga class, including any claim alleging that damages or injuries were caused by the **NEGLIGENCE** of any of the Indemnified Parties.
5. By signing this document, I acknowledge that I have received this liability form and understand the terms laid down in the document.

## Personal and Parental Consent, Release, and Waiver Form

Please identify and sign below.

Participant Name \_\_\_\_\_ Age \_\_\_\_\_  
 Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

In case the participant is minor (under 18 years), I sign this form as a legal guardian or parent assuming the full responsibility stated in the above clauses on behalf of the minor participant.

Legal guardian/Parent Name \_\_\_\_\_ Age \_\_\_\_\_  
 Legal guardian/Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_