avani yoga

relax. renew. transform.

Avani Yoga Waiver

Name: _____

Address: _____

_____

Phone: **(Home)** **(Work)**

E-mail: _____

I am a guest of the Highland Park Hospital Health and Fitness Center (HPHHFC). As a guest, I have not provided any information about my health to HPHHFC, participated in the Health Assessment or received any instruction from HPHHFC. As consideration for permitting me to utilize the facilities, pool area and equipment of HPHHFC, and other good and valuable consideration, the sufficiency of which is hereby acknowledged, I hereby agree as follows:

I hereby assume full responsibility for and total risk of any injury, loss or damage (including injury to person or loss of property) sustained by me and members of my family in, on, or about the premises of HPHHFC, or as a result of my or their use or intended use of HPHHFC facilities (including the nursery, gymnasium, pool area, aerobic studio and cardiovascular and exercise weight equipment), my or their participation in HPHHFC- sponsored activities or events (including outside activities or events) and my or their use of HPHHFC-provided transportation. I hereby consent and agree that HPHHFC and it's affiliates, and their directors, officers, employees, agents, independent contractors and representatives ("representatives") shall not be liable for any such injury, loss or damage, and for myself and my family members, and on behalf of my and their personal representatives, assigns, successors, executors, administrators, heirs and next of kin. I hereby fully and forever, release and discharge HPHHFC and it's affiliates, and their representatives, from liabilities, claims, demands, rights of action or causes of action, present or future, whether the same be known or unknown, anticipated or action or causes of action or causes of action resulting from acts or omissions of active or passive negligence on the part of HPHHFC and it's affiliates, and their representatives, arising from injury, loss or damage sustained by me and members of my family in, on or about the premises of HPHHFC, or resulting from my or my family members' use or intended use of HPHHFC facilities, participation in the HPHHFC-sponsored activities or events, and use of HPHHFC-provided transportation.

I hereby agree that this assumption of risk and release of liability agreement shall remain in full force and effect until I revoke it by giving written notice to HPHHFC on a form supplied by HPHHFC, and that my revocation will only apply to events or circumstances occurring after the date of my revocation.

Guest's Signature: _____ **Date:** _____

Member Services Representative: _____

☐ **Credit Card**
Credit Card Type: Visa MasterCard Discover
Name on Credit Card: _____
Credit Card Number: _____
Expiration Date: _____

☐ **Checking**
Attach Voided Check:
Bank Name_____
Account Number: _____

I agree to use the above account information for House Charge purposes:
Name (print)_____ Signature_____

__single session
__private yoga
__live your yoga
__private therapeutic yoga
__Asian bodywork therapy
__10-class package
__workshop
__special class
__semi-private therapeutic yoga
__private therapeutic yoga mini-session