



**The Hindu Temple of Greater Chicago**

10915 Lemont Road, Lemont IL 60439  
Phone (630) 972-0300 www.htgc.org

**HTGC VIDYALAYA  
YOGA PROGRAM WAIVER FORM**

Yoga class program is intended to challenge and engage one’s own physical, mental, and emotional resources to enhance each participant’s capacities in many areas. Despite careful and proper preparation, instruction, attention and conditioning, there is still a risk of injury when participating in any such activities due to participant’s health conditions and other circumstances. In this regard, it must be recognized that it is impossible for HTGC to guarantee absolute safety in the yoga class program.

**WAIVER , RELEASE OF LIABILITY & ASSUMPTION OF RISK**

I recognize and acknowledge that there are certain risks of injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/I may sustain as a result of participation in this class or event.

I further agree to waive and relinquish all claims my child/ward or I may have as a result of participating in this program against the Hindu Temple of Greater Chicago, including employees, agents, volunteers and instructors, hereafter collectively referred to as itself and as “The Hindu Temple of Greater Chicago”.

I do hereby fully release and forever discharge the Hindu Temple of Greater Chicago from any and all claims for injuries, damages, or loss that my child/ward or I may have or which may accrue to me or my child and arising out of, connected with, or in any way associated with this program or event.

**CONSENT FOR MINOR PARTICIPANT**

PARTICIPANT’S Name \_\_\_\_\_  
AGE OF PARTICIPANT (if Minor) \_\_\_\_\_ years  
PARENT/GUARDIAN’S NAME \_\_\_\_\_  
PARENT/GUARDIAN’S SIGNATURE \_\_\_\_\_  
PARTICIPANT’S ADDRESS \_\_\_\_\_  
DATE OF SIGNATURE \_\_\_\_\_

**CONSENT FOR ADULT PARTICIPANT**

PARTICIPANT’S NAME \_\_\_\_\_  
PARTICIPANT’S SIGNATURE \_\_\_\_\_  
PARTICIPANT’S PHONE (Mobile) \_\_\_\_\_  
PARTICIPANT’S email address \_\_\_\_\_  
DATE OF SIGNATURE \_\_\_\_\_

**THANK YOU!**