



## YOGA FOR BACK PAIN REGISTRATION FORM

Class fee is \$108 for the 6 week series April 18-May 23, 2018, payable in cash or check.

Please make checks out to **SIU Medicine**.

Please mail/drop off this completed Registration form and payment to:

**Briana Manson, SIU Department of Psychiatry, 319 E. Madison, 3<sup>rd</sup> Floor Administrative Offices.**

We are not able to offer make-up classes or refunds for missed classes.

Please wear comfortable clothing and bring a yoga mat.

Classes will be held at the Simmons Cancer Institute, 3<sup>rd</sup> floor.

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BEST TELEPHONE NUMBER TO REACH YOU: \_\_\_\_\_

E-MAIL (please print clearly): \_\_\_\_\_

YOUR YOGA, MEDITATION , PHYSICAL THERAPY EXPERIENCE, IF ANY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

INJURIES, HEALTH CONCERNS: Please note, this class is not intended for back pain due to specific disease/conditions. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU HOPE TO GET OUT OF THE CLASS? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS CLASS? \_\_\_\_\_



## RELEASE AND WAIVER OF LIABILITY AGREEMENT

This Release and Waiver of Liability Agreement is entered by and between Ruta Kulys (Instructor) and

(Print Your Name) \_\_\_\_\_ (Student).

This Release and Waiver of Liability Agreement is intended to be broad and inclusive and includes, but is not limited to, the following terms and conditions:

1. STUDENT'S REPRESENTATIONS. I understand that Yoga for Back Pain is a class for non-specific back pain and not a class intended for back pain possibly due to a specific condition or disease. I understand that the Instructor will share her knowledge of Yoga in the Yoga for Back Pain class. I agree to take full responsibility to ascertain that there is no medical reason to prevent my participation in the class. I understand that it is my responsibility to consult my physician regarding my initial or continued participation in classes. I agree to take full responsibility for not exceeding my personal limits in participating in the class. I agree to take full responsibility for any injury I might suffer during my participation in the class or during my personal practice of Yoga at any time or any place.
2. RELEASE OF LIABILITY AND HOLD HARMLESS. I understand that injury can occur as the result of participation in the class and the practice of Yoga. By participating in the Yoga for Back Pain class, I assume, accept, and acknowledge all responsibility for any injury associated with my participation in the class and the practice of Yoga, and I agree, to the fullest extent allowed by law, to release, and hold harmless, Instructor and all of Instructor's family members, agents, employees, shareholders, and representatives (the "Indemnified Parties"), relating to my participation in the Yoga for Back Pain class and relating to my personal practice of Yoga, and I agree to indemnify the Indemnified Parties from any and all claims, demands, causes of action, liability and damages, including court costs and attorney's fees, resulting from any injury to me relating to my participation in the Yoga for Back Pain class. This assumption of risk and release of liability and indemnification shall apply even if Instructor's sole negligence is the cause of such injury.

The Student agrees to all terms and conditions as stated in the above Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature