**Teen Mothers’ General Health Information and Disclosure Form**

C.O.P.E Center North

9950 NW 19th Ave, Miami, FL 33147

Miami-Dade County Public Schools

Dear Student,

Please complete and sign this form and return to us to register your child in AUM Home Shala’s Children’s ZOOM Yoga classes. Namaste!

1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Mobile Number and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. Birthday:\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ Grade in School:\_\_\_\_\_\_

5. How many children do you have? \_\_\_\_\_ Age(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please check the word that best describes the current state of your health.

\_\_\_\_\_Poor \_\_\_\_\_Average \_\_\_\_\_Good \_\_\_\_\_Great

7. Please list any medical, special needs, or conditions that you have that you would like us to know about. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. In what way are you easily distracted? Give an example.

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

9. In what way do you learn best? Visual learner? Lecture? Hands on? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. What do you do when you want to have fun? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. How easily can you change your mood if you are having a challenging day? \_\_\_\_\_Poor \_\_\_\_\_Average \_\_\_\_\_Good \_\_\_\_\_Great

12. What do you want to learn in Yoga class (about setting goals)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSUMPTION OF RISK/RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Assumption of Risk: I recognize the possibility of potential injury that may result from my child participating in Yoga classes or any other classes at AUM hOMe Shala (“Shala”). Being fully aware of this risk, I voluntarily choose to allow my child to participate in Shala programs and accept all risks associated with that participation. In consideration of my child being accepted as a Yoga students, I on my own and my child’s behalf, and on behalf of my heirs, administrators, executors, and successors hereby forever release and covenant not to the Shala, its officers, directors, shareholders, employees, volunteers, and all others associated with the Shala including Melinda Atkins, from all liability for any and all damages and injuries my child may suffer while under the instruction, supervisions, or control of the Shala. I hereby fully agree to

Individually provide for all present and possible future medical expenses which I may incur as a result of any injury sustained while my child is participating at or for the Shala.

I have read and understand this acknowledgement of policies, risk and waiver of liability and I voluntarily affix my name in agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print) Date

Guardian’s Name (please print)

Guardian’s Signature

Indemnification and Hold Harmless: I also agree to INDEMNIFY DEFEND AND HOLD HARMLESS AUM hOMe Shala (“Shala”) its officers, directors, shareholders, employees, volunteers and all others associated with the Shala including Melinda Atkins, from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including, but not limited, attorney’s fees, arising from, or in any way related to my child’s participation Shala programs, classes and events, except for those arising out of the willful misconduct and/or gross negligence of the above named parties, as applicable.

I have read and understand this acknowledgement of policies, indemnification and hold harmless agreement and I voluntarily affix my name in agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​\_\_\_\_\_\_\_

Student Name (please print)

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

Guardian’s Name (please print)

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

Guardian’s Signature Date

MEDIA RELEASE

Audio and Image Consent

By attending and participating in all AUM hOMe Shala ZOOM classes and events, I hereby grant my permission to AUM hOMe Shala and its officers, directors, shareholders, employees, volunteers and all others associated with AUM hOMe Shala, including Melinda Atkins, to be filmed, audiotaped, or photographed by any means, and grant full use of my child’s likeness, voice and words without the expectation of compensation.

I have read and agree to the above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (please print) Date

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

Guardian’s Name (please print)

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

Guardian’s Signature

Contact Information

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_